

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>James Adams.</i>				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 1908	Month Jan.	Day 27	Age 67	Years	Months 0	Days 0
Sex Male	Color or Race Colorado.	Birth-place Offordia				
Occupation Barber	Where Residing if not at place of death					
Married, Single or Widowed Widower	Name of Wife or Husband					
Father's Name Nicholas Adams.	Father's Birthplace Offordia					
Mother's Maiden Name Nancy O'Riley	Mother's Birthplace Offordia					
Name of person giving information Gilbert Adams	How related to deceased Brother					

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 weeks

Immediate

Physical exhaustion

How long

1 week.

Are the name, age, sex, color, date and place correctly given above?

Yes,

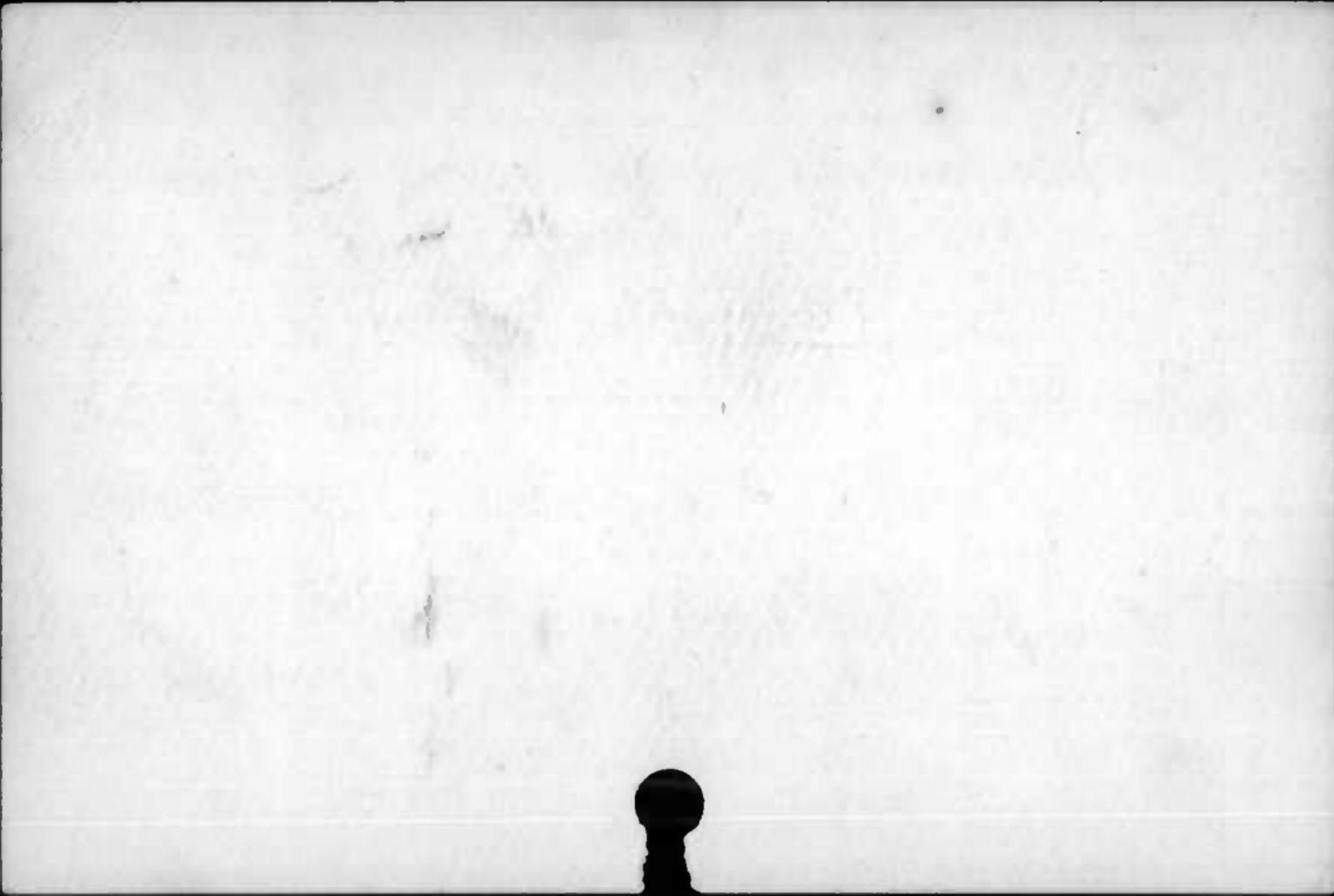
Signature of Physician

J. W. Enderle M.D.

Address

Offordia

Accident or Suicide?



Name  
in  
Full

William Banks.

CERTIFICATE OF DEATH

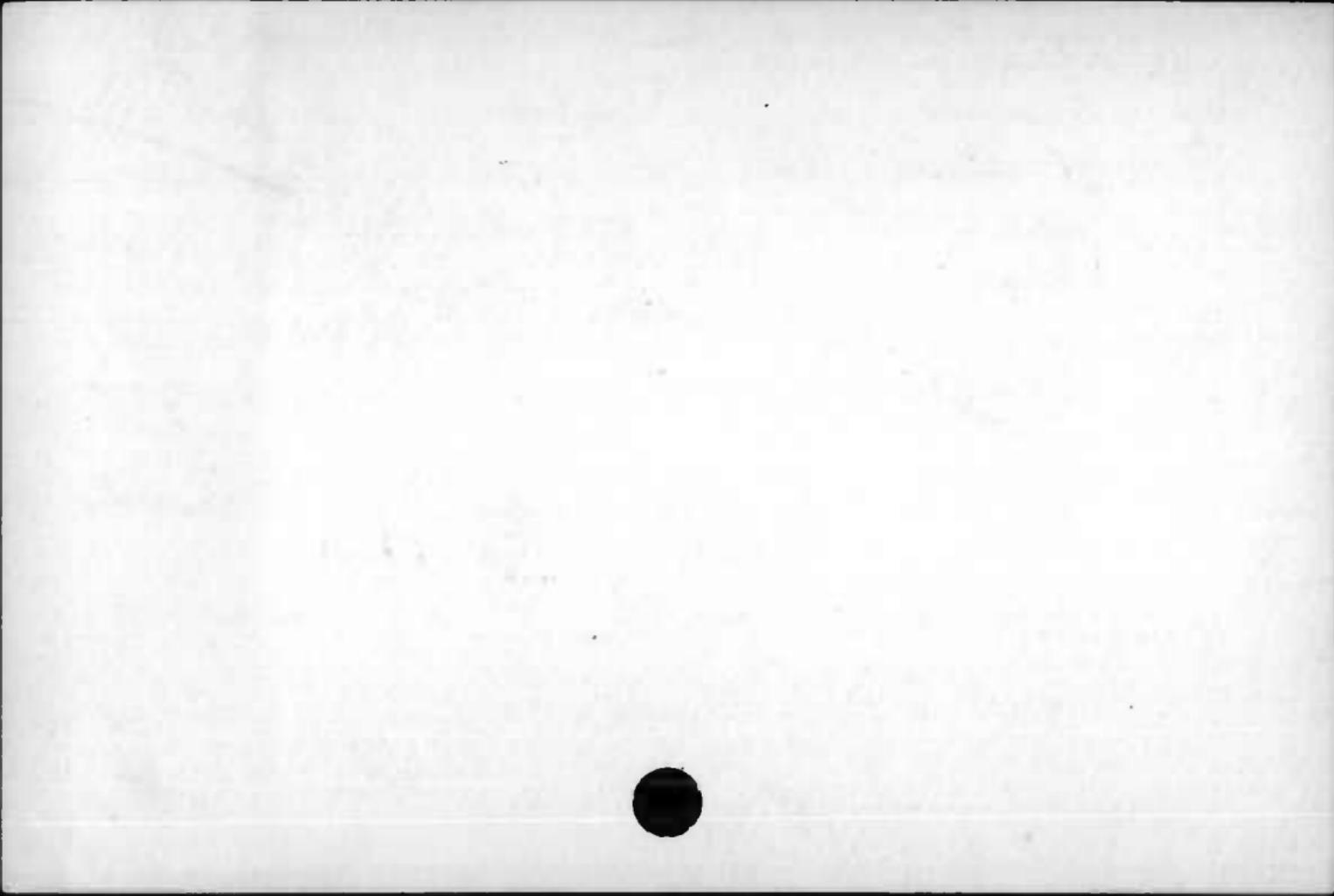
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Jan.	27	Age	2	0
Sex	Male	Color or Race	colored.	Birth-place	Oxon Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Frank Banks			Father's Birthplace	Oxon Md
Mother's Maiden Name	Sophia Thompson			Mother's Birthplace	Oxon Md
Name of person giving information	Marvin Thompson			How related to deceased	Grand Father

CAUSES OF DEATH

104

Primary	Stomach trouble with Convulsions		How long	4 weeks.
Immediate	Pneumonia		How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. M. Eccles MD	
		Address	Oxon Md	
Accident or Suicide?				



Name  
in  
Full

William Blow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

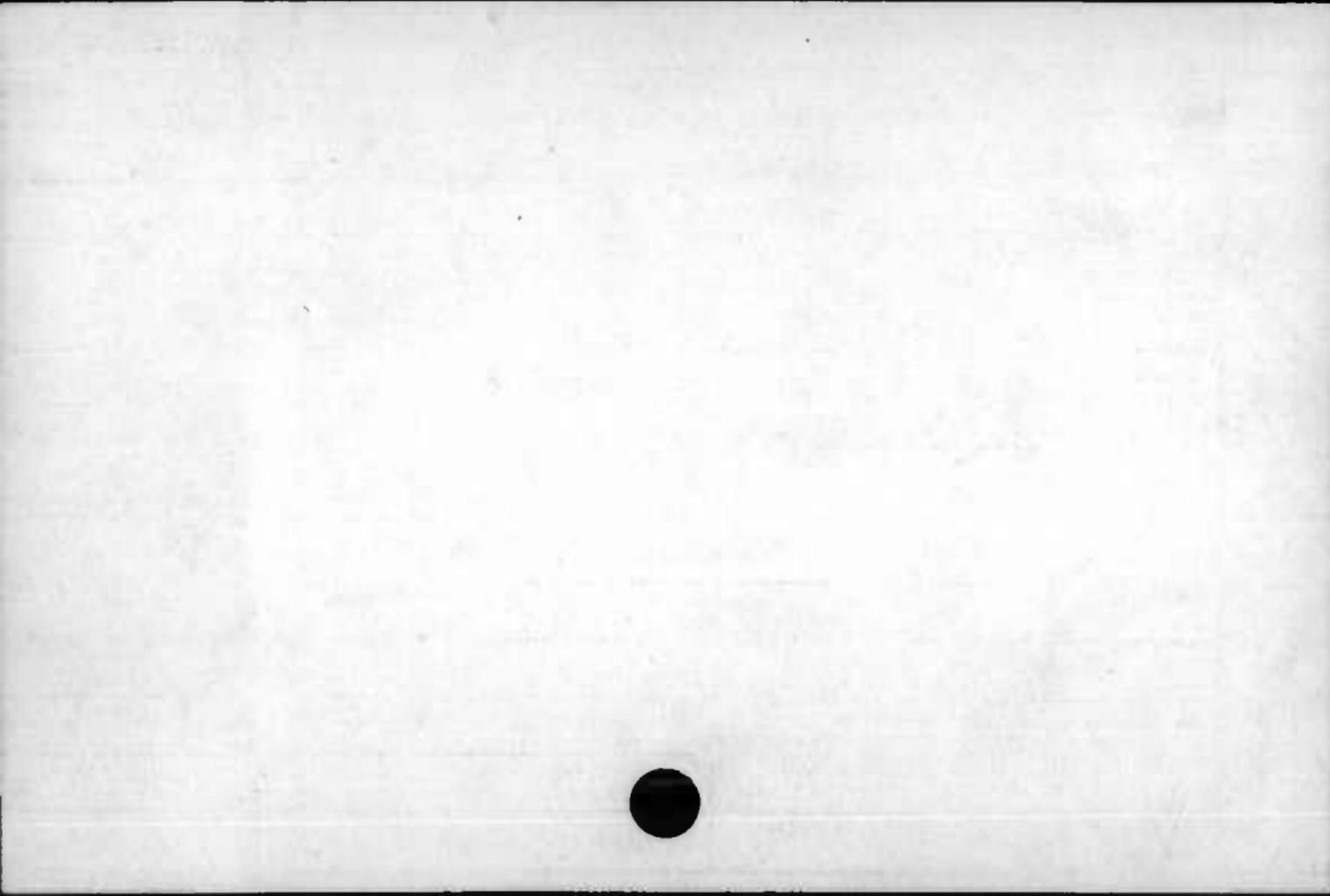
Died at <u>Easton</u> <small>Town</small>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>16</u>	Age <u>40</u>	Years	Months <u></u> Days <u></u>
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Virginia</u>			
Occupation <u>waterman</u>	Where Residing if not at place of death <u>X</u>				
Married, Single <u>Widowed</u>	Name of Wife or Husband <u>Mary Blow</u>				
Father's Name <u>John Blow</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace				
Name of person giving information <u>Charles A. Clark</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <u>Heart Disease</u>	How long <u>Don't know</u>
Immediate <u>Heart exhaustion</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Robert C. May, M.D.</u>
	Address <u>Easton, Md.</u>
Accident or Suicide? <u>Inspection</u>	



Name  
in  
Full

Boswell

CERTIFICATE OF DEATH

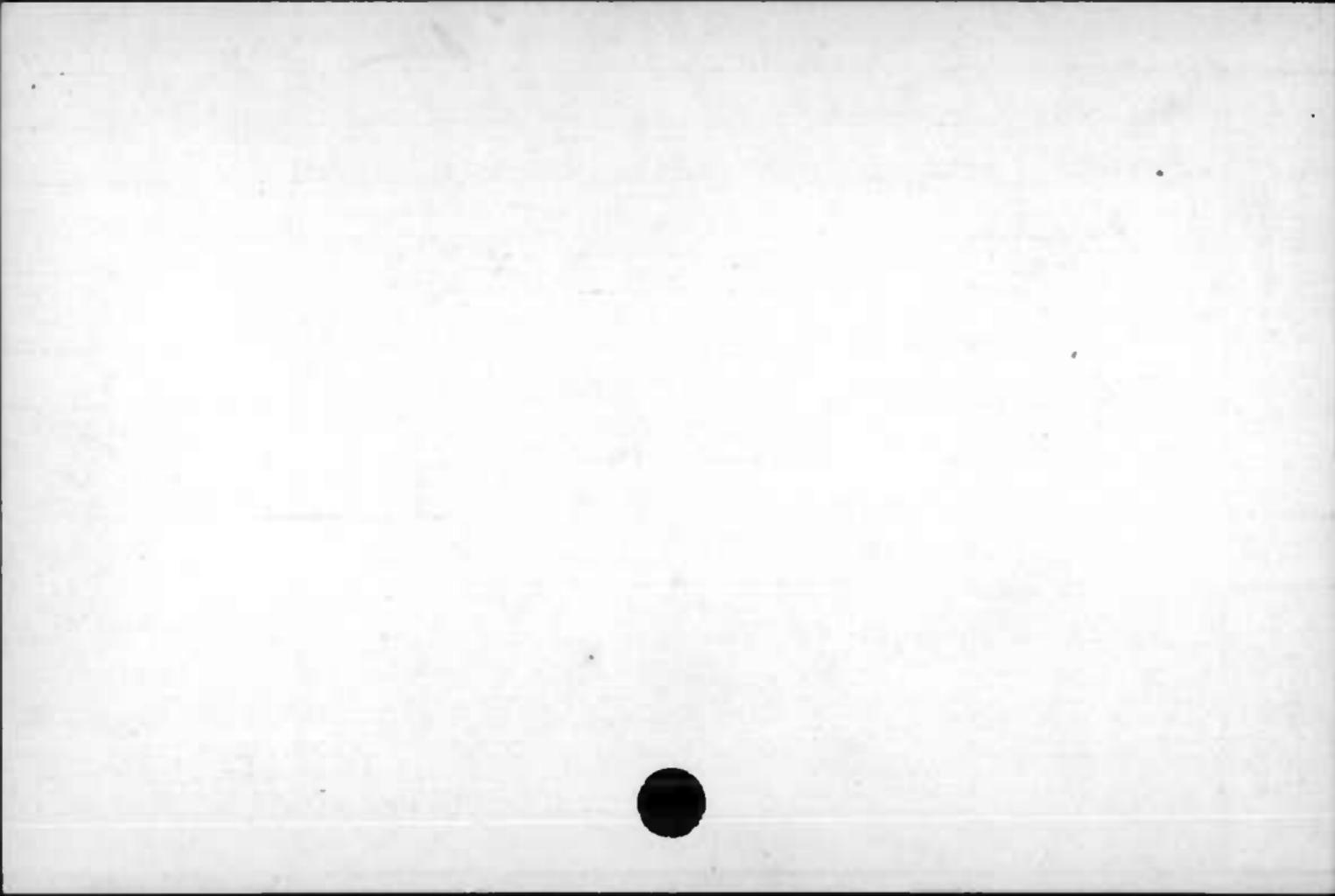
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
1908	Month	Day	Days
Sex	Color or Race	Age	Years
Occupation	Where Residing if not at place of death		Months
Married, Single or Widowed	Name of Wife or Husband		Days
Father's Name	Oscar Smith Boswell	Father's Birthplace	Lancaster Co., Pa.
Mother's Maiden Name	Sadie Rebecca Tally	Mother's Birthplace	" " "
Name of person giving Information	" "	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Grenative Birth	151	How long
Immediate	Exhaustion		7 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	6 hours
Yes		Address	Joseph A. Ross and Talbot Talbot Co., Md.
Accident or Suicide?			



Name  
in  
Full

Warren Braddock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Baltimore		Talbot				
Date of death	1908	Month	Day	Years	Months	Days
January		11		Not Known		
Sex	Male	Color or Race	White	Birth-place		
Occupation		Where Residing if not at place of death			Supposed to be Chaperone	
Dredge hand						
Married, Single or Widowed		Name of Wife or Husband		Not Known		
Not Known		Not Known				
Father's Name		Not Known			Father's Birthplace	
Not Known					Not Known	
Mother's Maiden Name		Not Known			Mother's Birthplace	
Not Known					Not Known	
Name of person giving information		Walter F. Harrison			How related to deceased	
Walter F. Harrison					none	

CAUSES OF DEATH

172

How long

PHYSICIAN  
OR CORONER

Primary

Drowned

How long

Immediate

yes

Are the name, age, sex, color, date and place correctly given above?

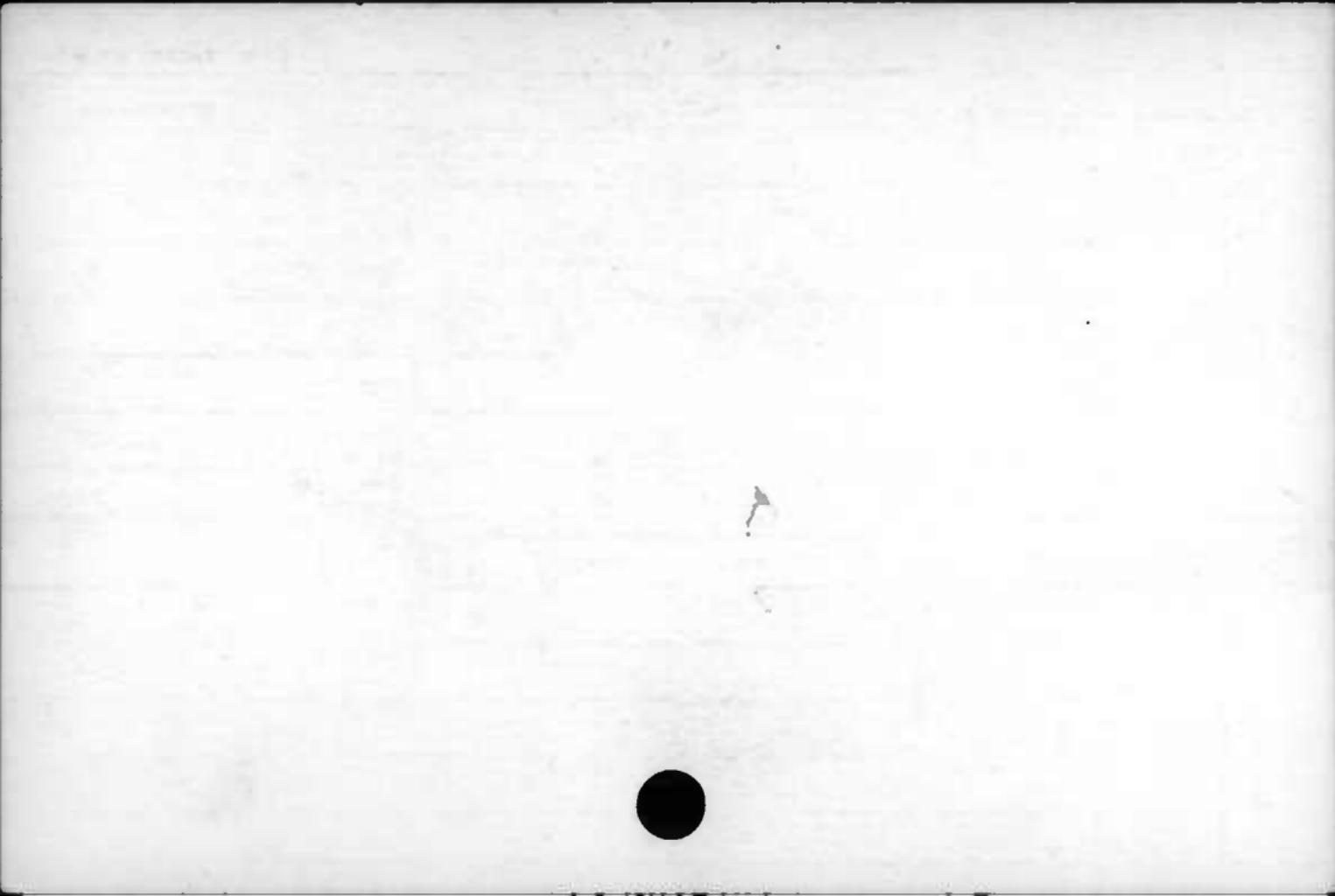
Signature of  
Physician

Address

Walter Skinner Subby

Accident or Suicide

Not Known



Name  
in  
Full

Daisy J. Camper

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

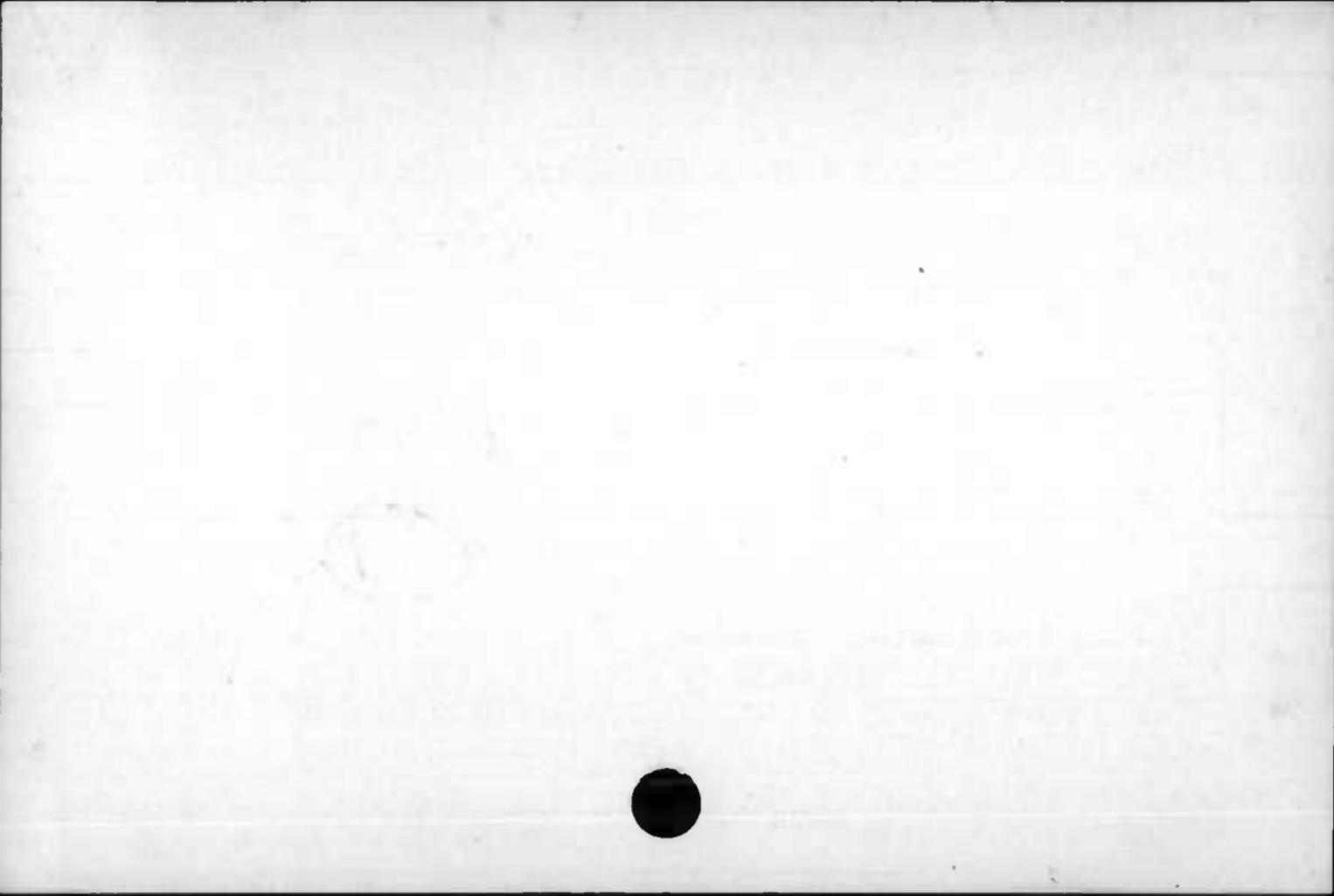
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	addison Camper		Father's Birthplace	Talbot Co.
Mother's Maiden Name	Hannie B. Marritt		Mother's Birthplace	Talbot Co.
Name of person giving information	Hannie B. Marritt		How related to deceased	Mother

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Consumption	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	no	



Name  
in  
Full

Mary E. Collins

CERTIFICATE OF DEATH

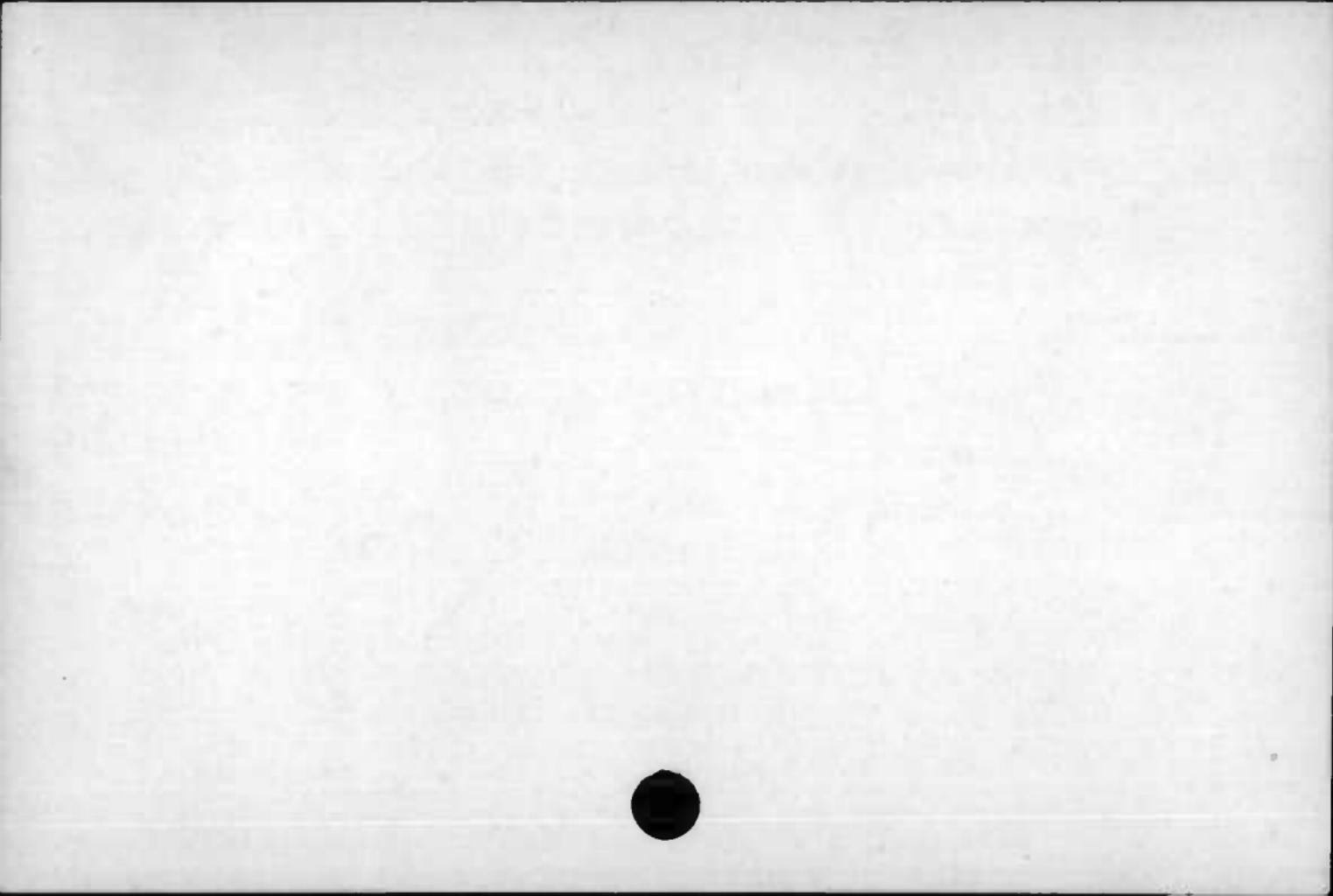
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan.	Day 7	Years 33	Months	Days
Sex	Female	Color or Race	White		Birth-place Talbot Co	
Occupation	Housewife		Where Residing if not at place of death		Easter	
Married, Single or Widowed	Single		Name of Wife or Husband	Thomas Collins		
Father's Name	George Seymour				Father's Birthplace Talbot Co	
Mother's Maiden Name	M. F. Parmer				Mother's Birthplace Talbot Co	
Name of person giving information	Thomas Collins				How related to deceased Husband	
CAUSES OF DEATH						
Primary	Appendicitis			How long One year		
Immediate	Peritonitis			How long 2 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
Yes.				Address		
				P. L. Loverson Easter, Md.		
Accident or Suicide?						

118

PHYSICIAN  
OR CORONER

BR.



Name  
in  
Full

Lohmarott Dohr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 21	Age 80	Years	Months
Sex	Female	Color or Race	Black		Birth-place	Table
Occupation	Reservoir		Where Residing if not at place of death		X	
Married, Single, Widowed	Name of Wife or Husband		Rector Dohr			
Father's Name	Philip Lacy Jr				Father's Birthplace	Table
Mother's Maiden Name	Lacy or Lecaytor				Mother's Birthplace	Table
Name of person giving information	Ely a Bebb				How related to deceased	daughter
CAUSES OF DEATH						154

PHYSICIAN  
OR CORONER

Primary Infirmitis of Years

How long

5 yrs

Immediate Heart Failure

How long

few hr

Are the name, age, sex, color, date and place correctly given above?

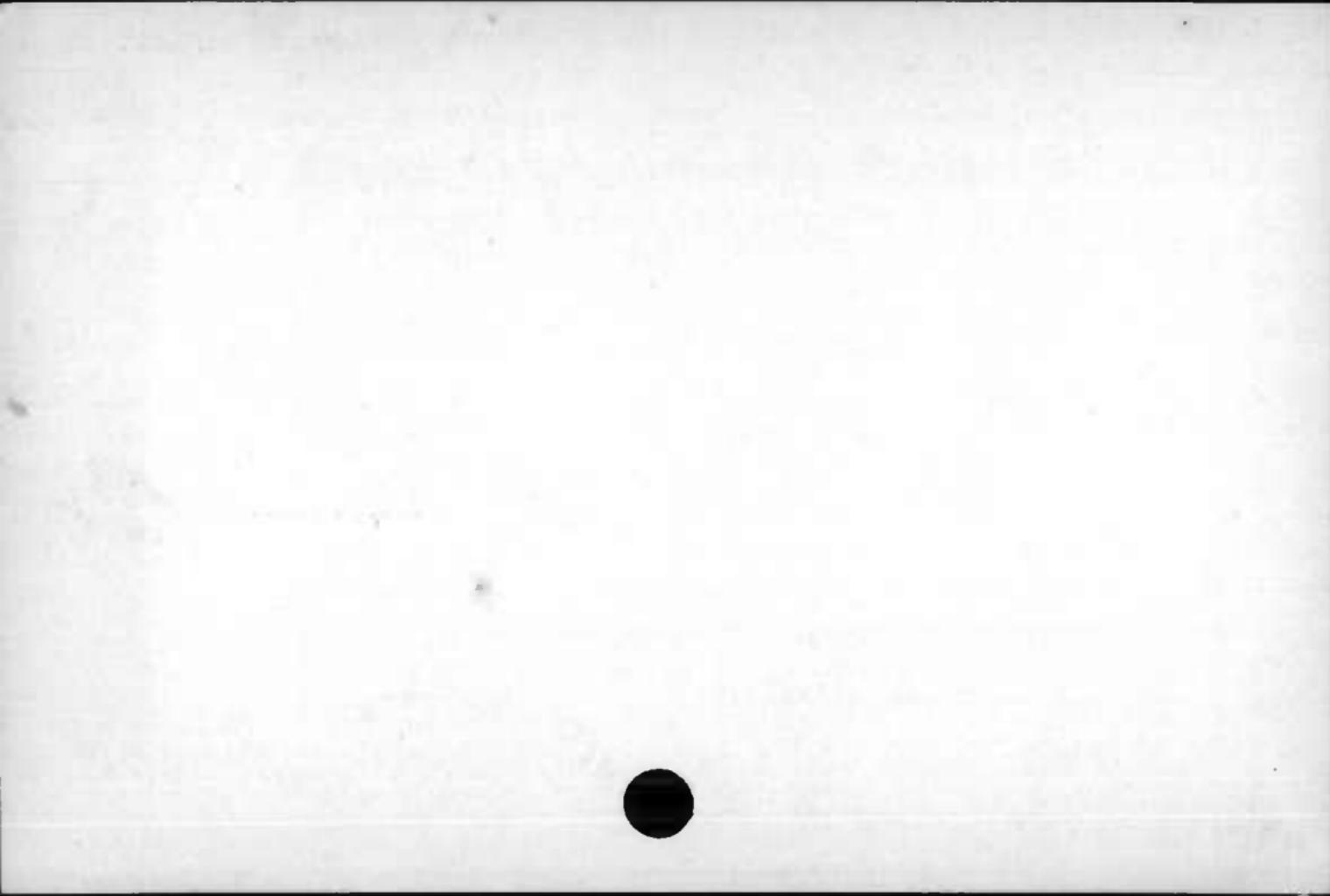
YE

Signature of Physician

Address

Chas. F. Davidson  
Easter Md

Accident or Suicide?



Name  
in  
Full

George S Fluharty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife <input checked="" type="checkbox"/>	Annie Smart				
Father's Name	George Fluharty					Father's Birthplace
Mother's Maiden Name	Maria Severtson					Mother's Birthplace
Name of person giving information	Annie Fluharty					How related to deceased

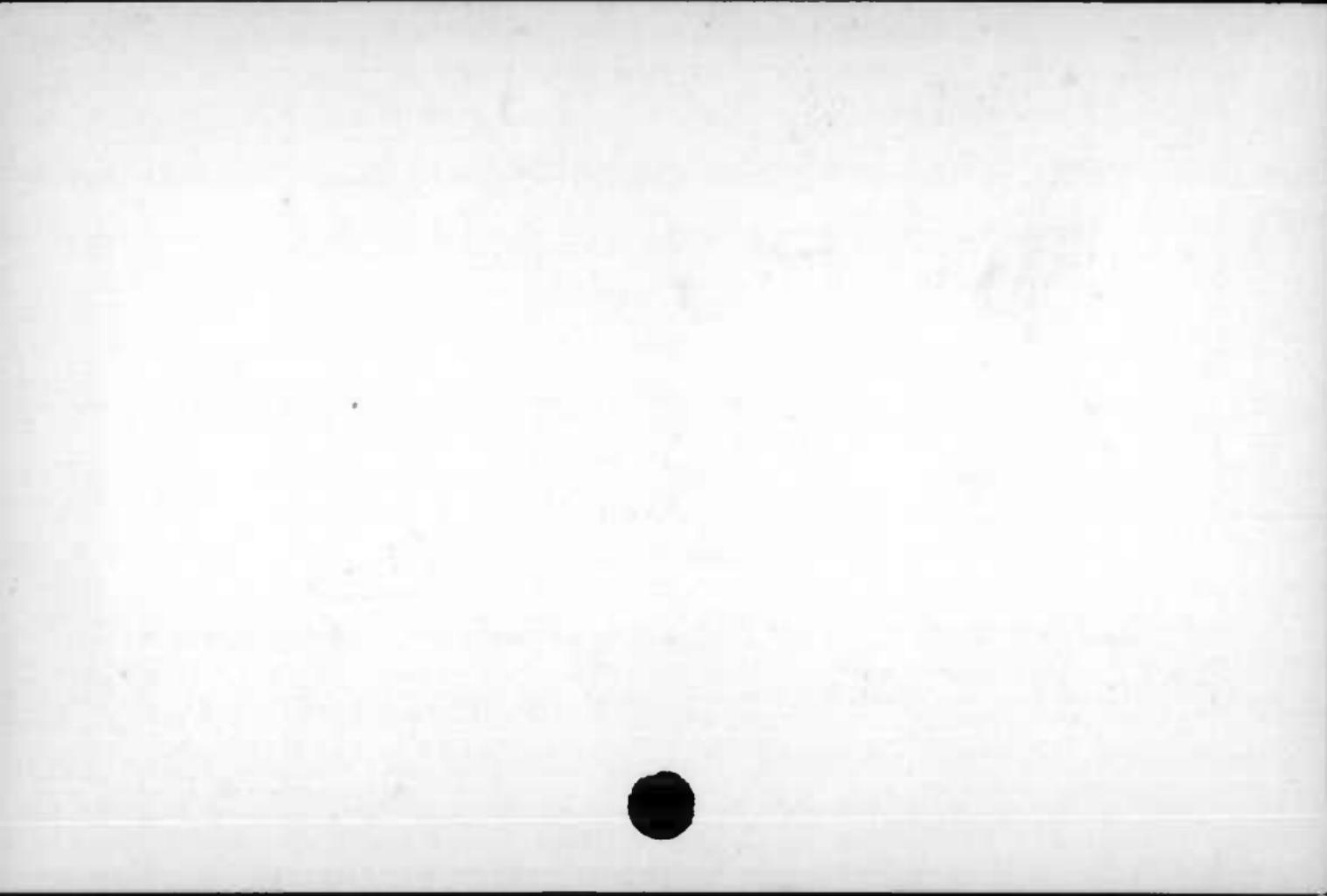
CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Bright's dis.	How long
Immediate	Loxacemia	3 das.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
9		Address
Accident or Suicide?		

S. O'Neillson  
Easton, Md.



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

James Edward Frumpton				CERTIFICATE OF DEATH			
Died at	Town	County	MARYLAND				
Easton		Talbot					
Date of death	Month	Age	Years	Months	Days		
1908	Jan.	68		1	3		
Sex	Male	Color or Race	white				
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Alice Frumpton				
Father's Name	—		Talbot Co.				
Mother's Maiden Name	Alice Diefenderfer		Talbot Co.				
Name of person giving Information	Mrs. J. Frumpton		Daughter				
CAUSES OF DEATH						64	

PHYSICIAN  
OR CORONER

Primary

Cough

How long

One week

Immediate

Cardiac Arrest

How long

One day

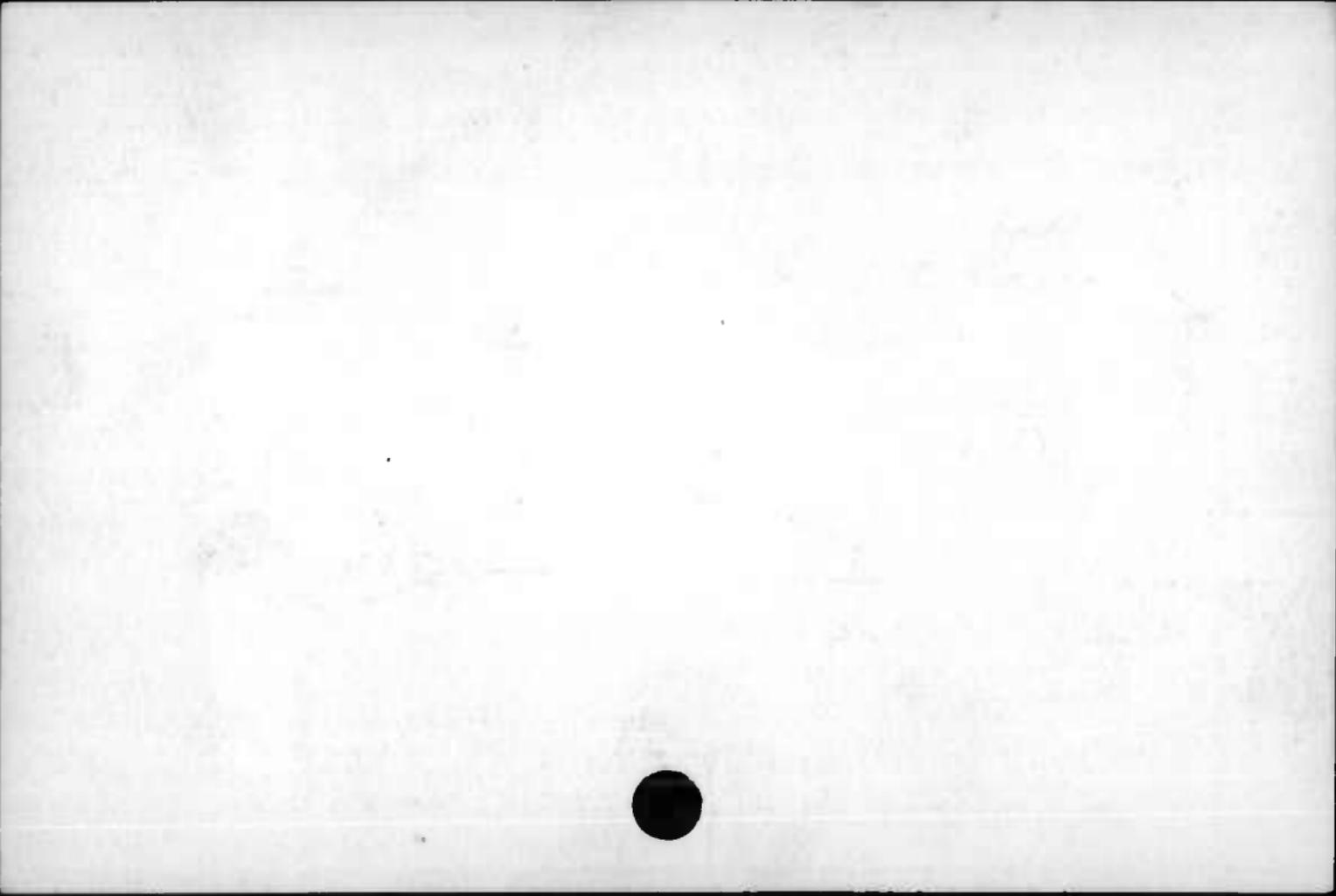
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. L. Morris  
Doctor of Med

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Henrietta Bullock

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

1908

Month

Day

Year

Age

84

Months

Days

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Woman

Name of Wife or  
Husband

John Bullock

Father's  
Name

Beulah Baswell

Father's  
Birthplace

Queen Anne

Mother's  
Maiden Name

Maria Oyres

Mother's  
Birthplace

Queen Anne

Name of person giving  
Information

Charles Bullock

How related  
to deceased

Son

CAUSES OF DEATH

66

How long

3 years

Primary

Arterial Sclerosis

How long

5 days

Pernicious - R. Hemophylaxis

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

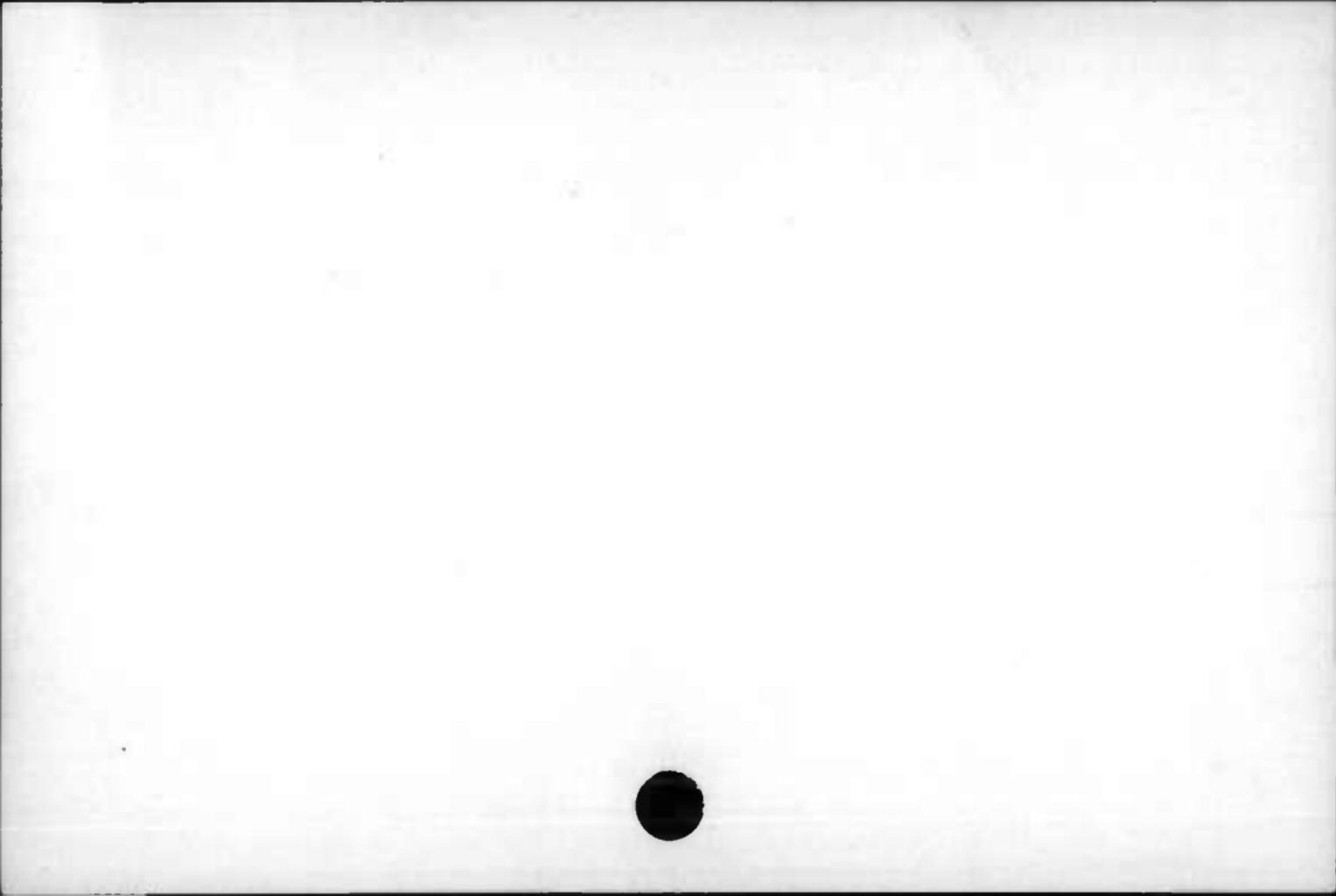
Signature of  
Physician

Address

Miss B. Merritt

Easton

Accident or Suicide?



Name  
in  
Full

Lewis Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

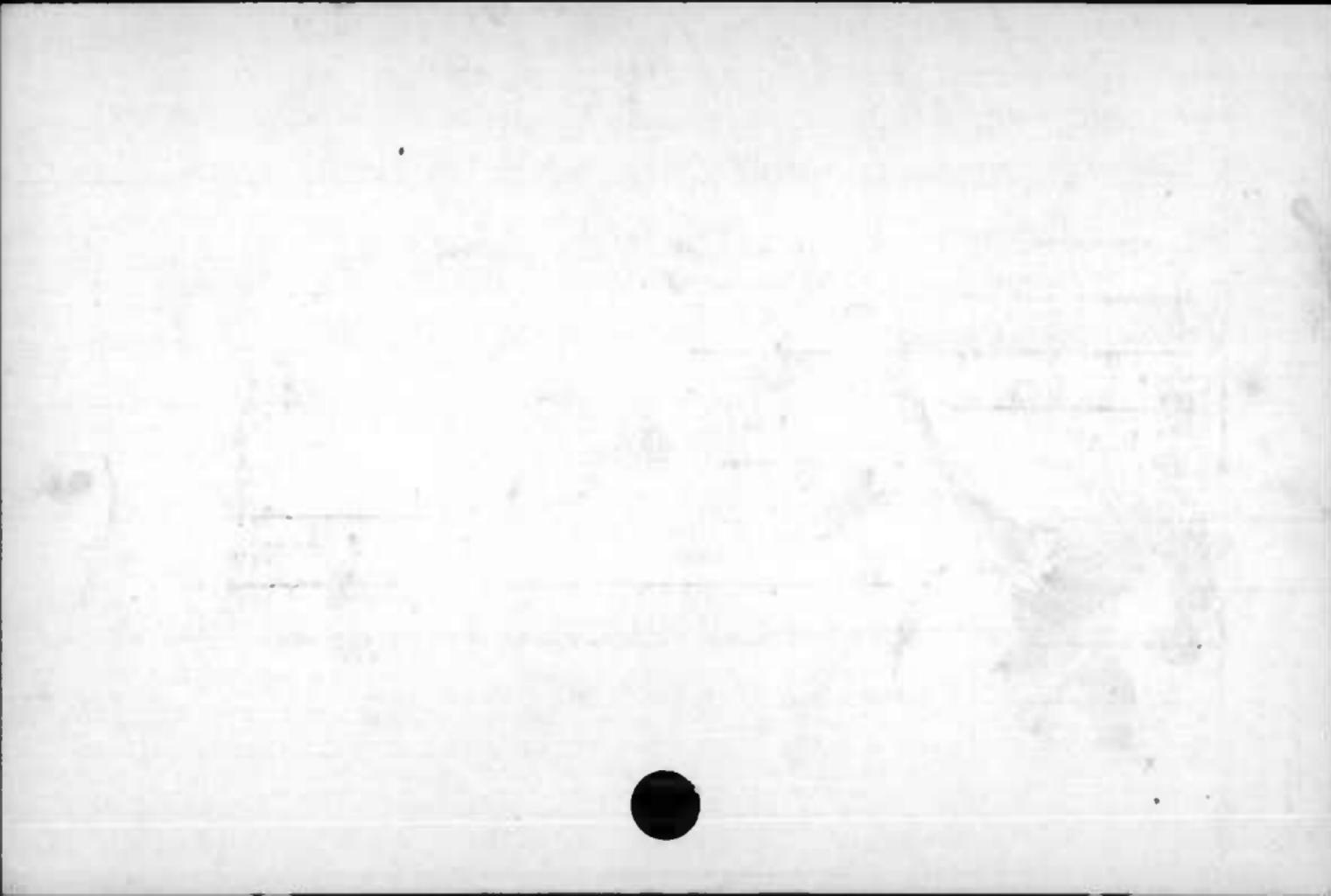
Died at	Town		County		MARYLAND		
Date of death	1908	Month Jan	Day 20	Age 44	Months	Days	
Sex	Male		Color or Race	Black	Birth-place	Fallow Co	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mabel White				
Father's Name	John Gray -				Father's Birthplace	Fallow Co	
Mother's Maiden Name	Della Stanton -				Mother's Birthplace	" "	
Name of person giving information	" "				How related to deceased	Mother	

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Asthma		How long	Don't know
Immediate	Affection		How long	8 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Robert Ray Rock
			Address	Easton, Md.
Accident or Suicide?	No			



Name  
In  
Full

Elaine J. Haddoray

CERTIFICATE OF DEATH

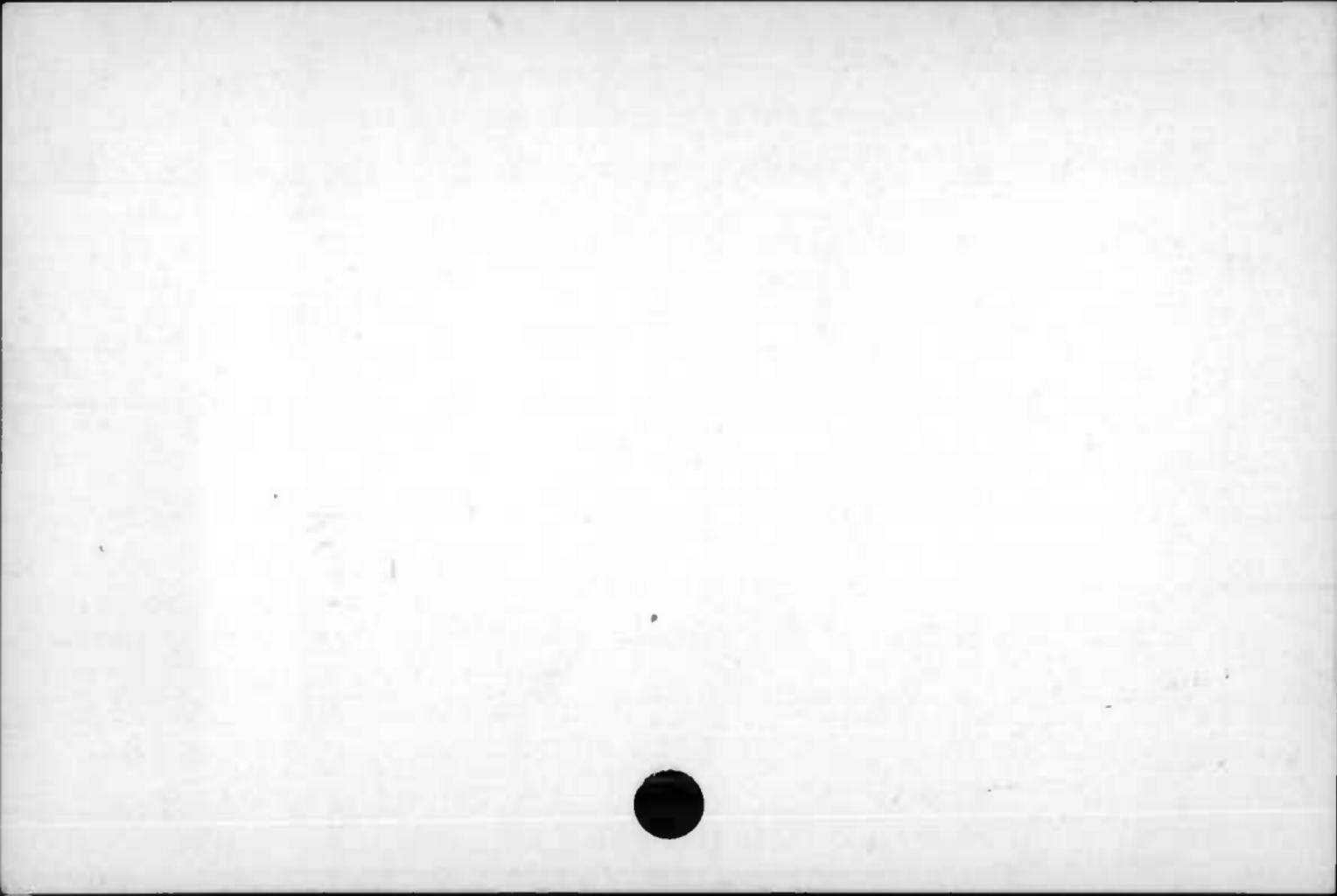
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Year	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Frances Haddoray				
Father's Name	Jolene W. Haddoray					Father's Birthplace
Mother's Maiden Name	Mary Fairbanks					Mother's Birthplace
Name of person giving Information	Frances Haddoray					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's		120	How long
Immediate	Bronchic Pneu.		53	How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Alt. J. B. S. S. J.
			Address	St Michael's
Accident or Suicide?	No		No	



John Joshua Harrison

## CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birthplace		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Name of person giving information		Father's Birthplace	
Father's Name	Samuel Harrison		Richardson Harrison		Talbot Co	
Mother's Maiden Name	Mary Harrison				Son	
Name of person giving information						

## CAUSES OF DEATH

79

How long

How long

Primary

Heart disease (edema)

Months

Immediate

Heart failure

sudden

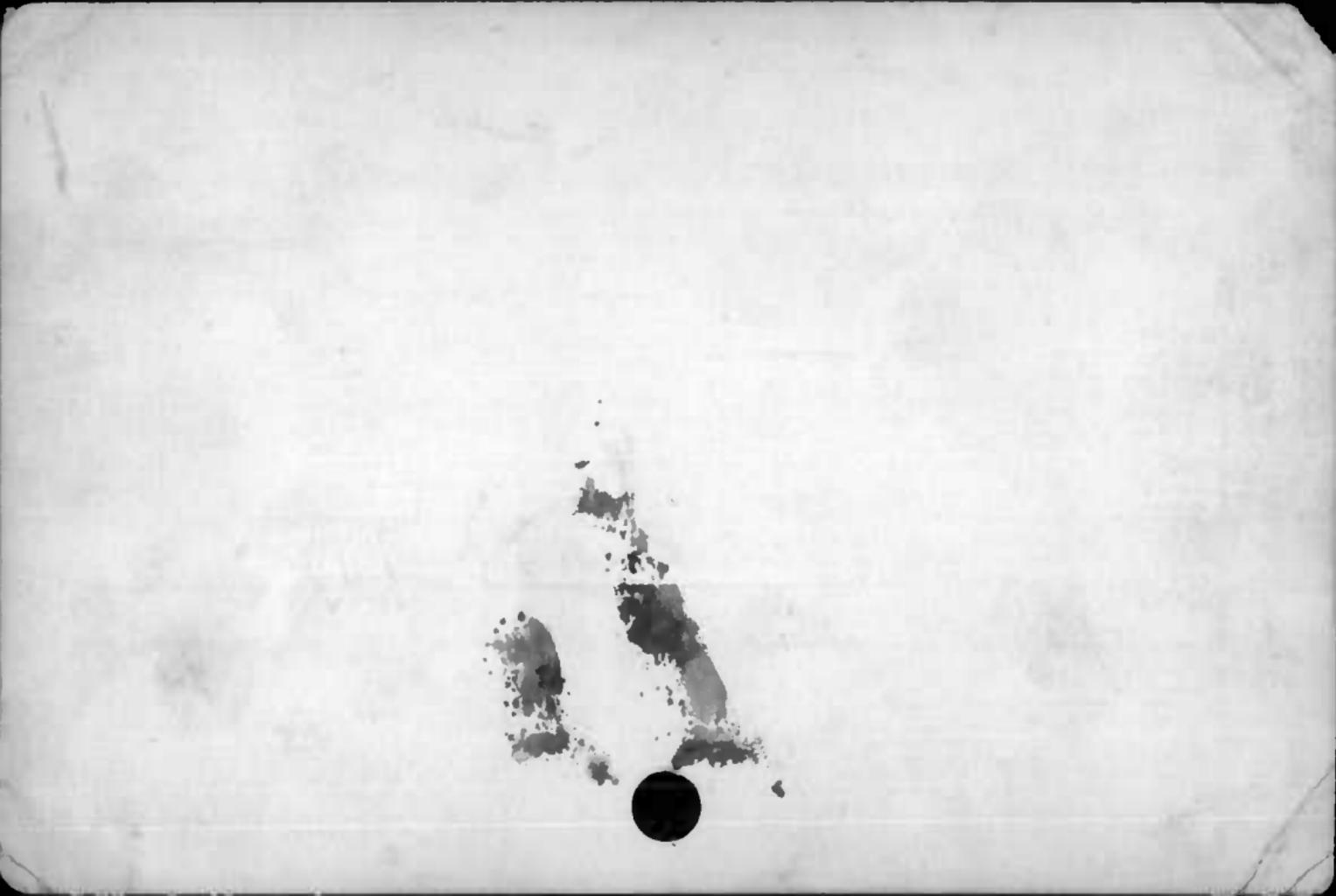
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. K. Moon  
T. L. Turner  
Mid

Accident or Suicide?



Name  
in  
Full

Mary E Heimes

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Easton	Talbot		Talbot		Talbot	
Date of death	Month	Day	Years	Months	Days	
1908	June	10	4	X	18	
Sex	Female		Color or Race	Block		
Occupation	-		Where Residing if not at place of death	-		
Married, Single Widow	Name of Wife or Husband		Talboton			
Father's Name	James Henry Heimes		Father's Birthplace	Talboton		
Mother's Maiden Name	Mary Block		Mother's Birthplace	Talboton		
Name of person giving information	James Henry Heimes		How related to deceased	Teacher		

CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary

Capillary Bronchitis

How long

1 week

Immediate

Heart Extravasation

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

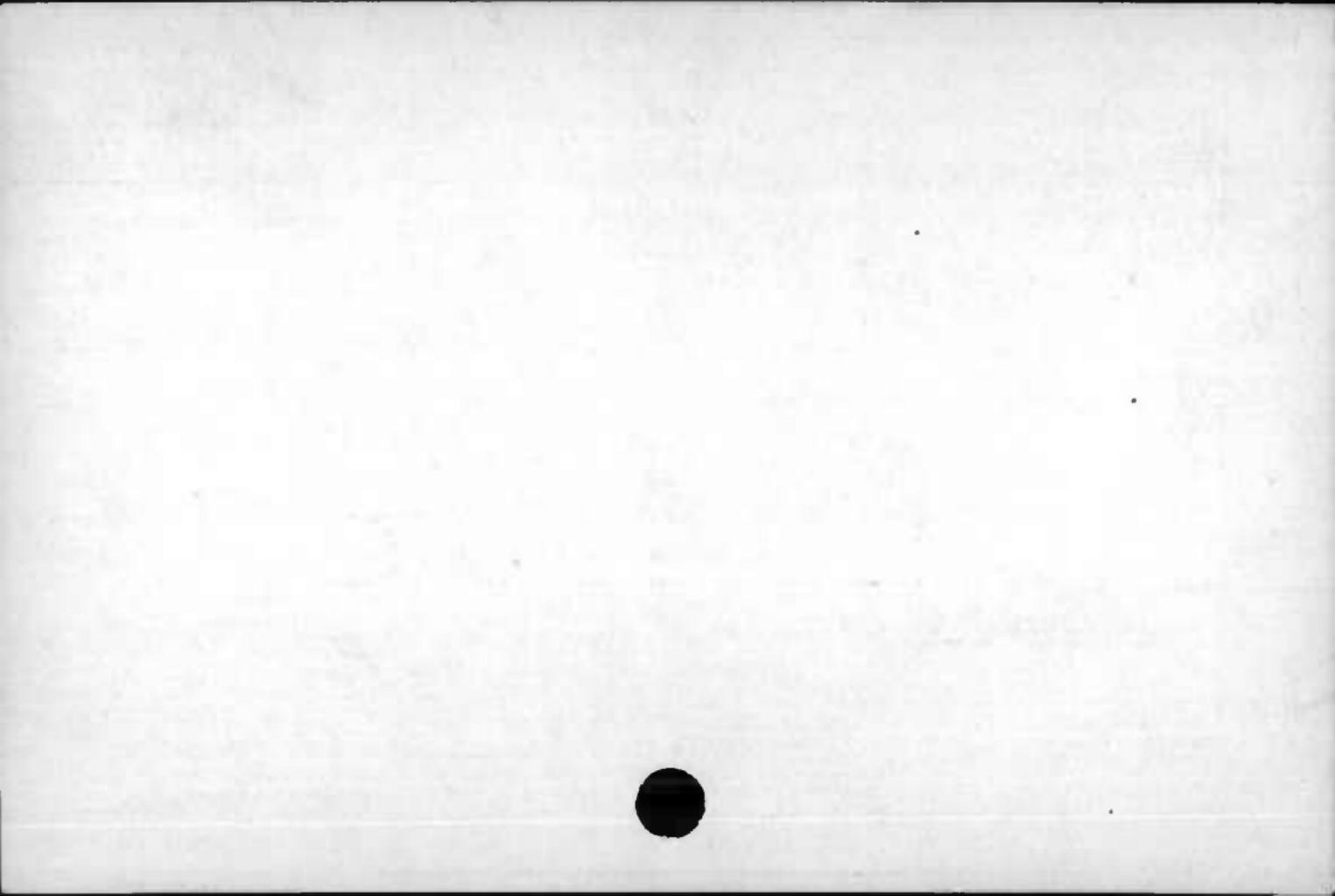
Address

Ralph May (Richmond.)

Easton, Md.

Accident or Suicide?

No



Name  
in  
Full

William E. Holliday

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Oxford

County

Talbot.

MARYLAND

Date  
of death

1908

Month

1

Day

9

Years

68

Months

6

Days

5

Sex

Male

Color or  
Race

White

Birth-  
place

Queen Anne Co. Md.

Occupation

Justice of the Peace

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Martha Ella Holliday

Father's  
Name

Edward Holliday

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Mary Kidd

Mother's  
Birthplace

Delaware

Name of person giving  
Information

Mary Ella Holliday

How related  
to deceased

Wife

CAUSES OF DEATH

120

Primary

Bright's Disease

How long

11 months

Immediate

Heart Failure

How long

Short time

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

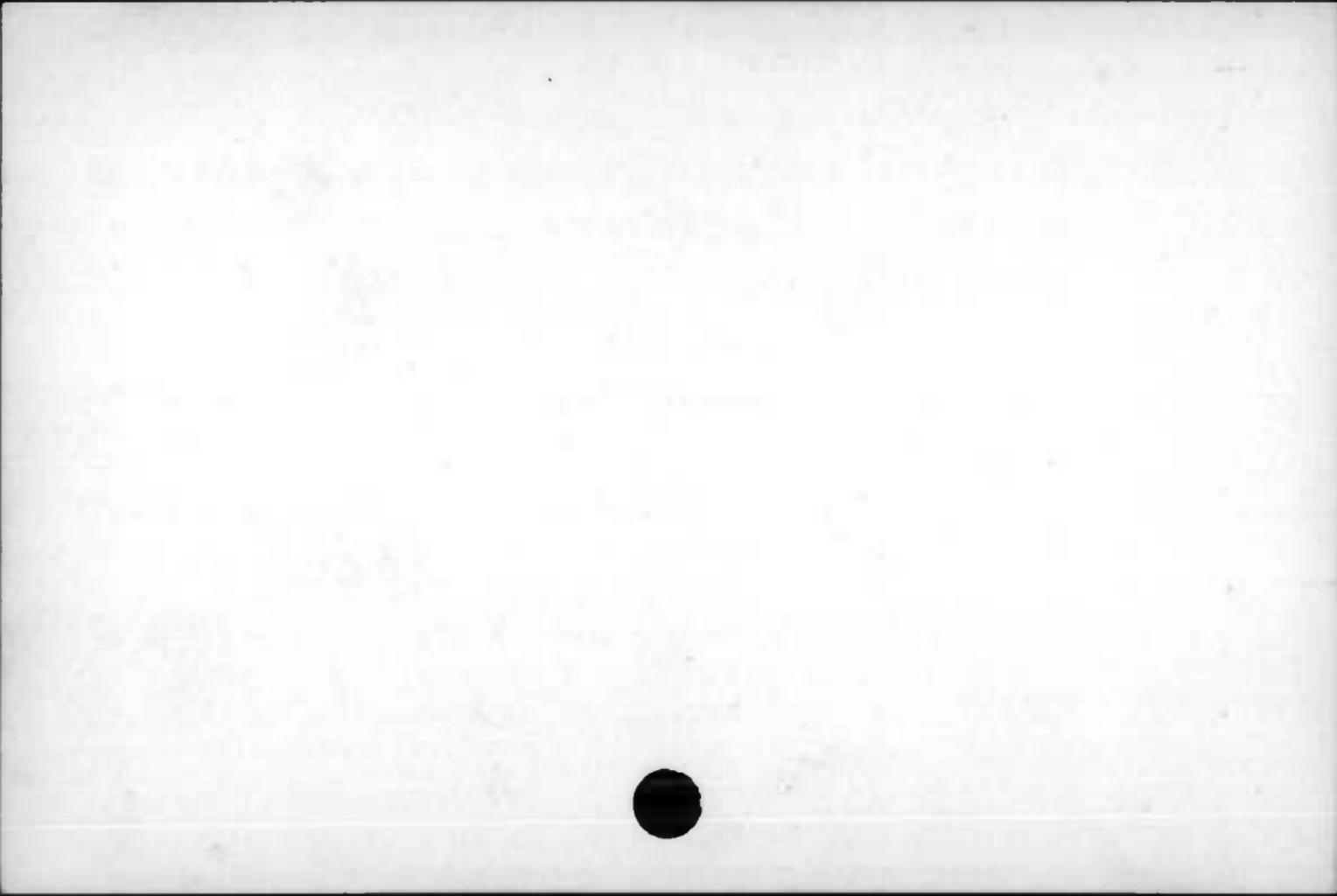
Signature of  
Physician

R. M. Eccles, M. D.

Address

Oxford Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at		Town <u>Easton</u>	County <u>Talbot</u>		MARYLAND		
Date of death	1908	Month 1	Day 21	Years 0	Months 1	Days 3	
Sex	male	Color or Race <u>African</u>	Where Residing if not at place of death		Birth-place <u>Easton Md</u>		
Occupation —		Name of Wife or Husband —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <u>James. Holmes</u>		Father's Birthplace <u>Easton Md</u>					
Mother's Maiden Name <u>Julia Miller</u>		Mother's Birthplace <u>Easton Md</u>					
Name of person giving information <u>Clara Graham</u>		How related to deceased <u>wife</u>					

#### CAUSES OF DEATH

92

### Primary

## Bronchopneumonia

How long

2 weeks

### Immediate

## Heart failure

How long

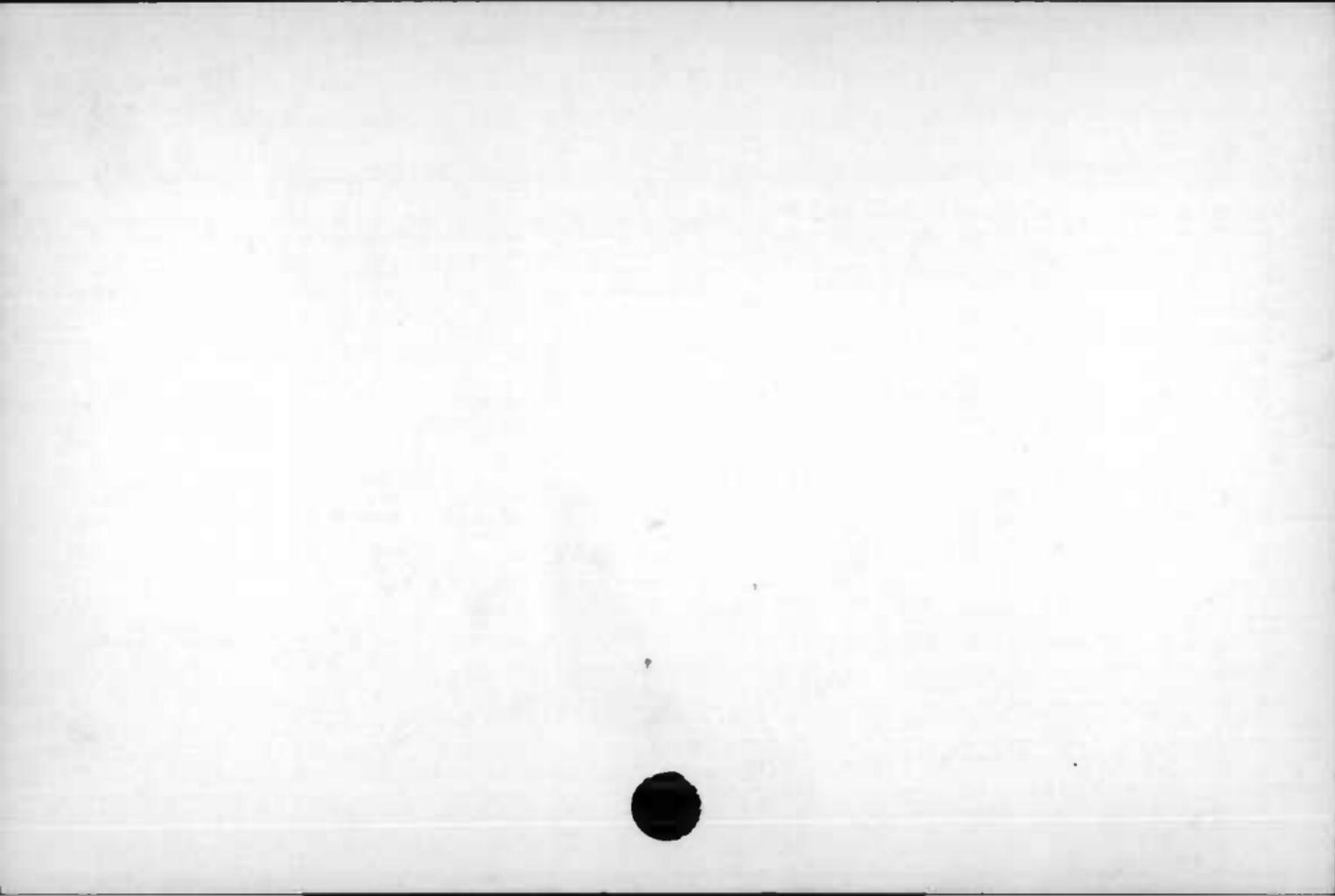
2 das.

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address:

## Accident or Suicide?



Name  
in  
Full

Annie Belle James

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town	County				
Date of death	1908	Month Jan	Day 10	Age 33	Years	Months 8	Days 1
Sex	Female	Color or Race	White		Birth-place	Tilghman - Md	
Occupation	Housewife		Where Residing if not at place of death		" "		
Married, Single or Widowed	Married	Name of Husband	Wm Henry James		Father's Birthplace	Unknown	
Father's Name	Robert Cooper		Mary Elizabeth King		Mother's Birthplace	Talbot Co.	
Mother's Maiden Name	Mary Elizabeth King		Wm H. James		How related to deceased	Husband	
Name of person giving information	Wm H. James						

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

La Griffe

How long

1 mo -

Immediate

Heart failure

a.m.

How long

ten minutes

Are the name, age, sex, color, date and place correctly given above?

Signed  
Physician  
or Coroner

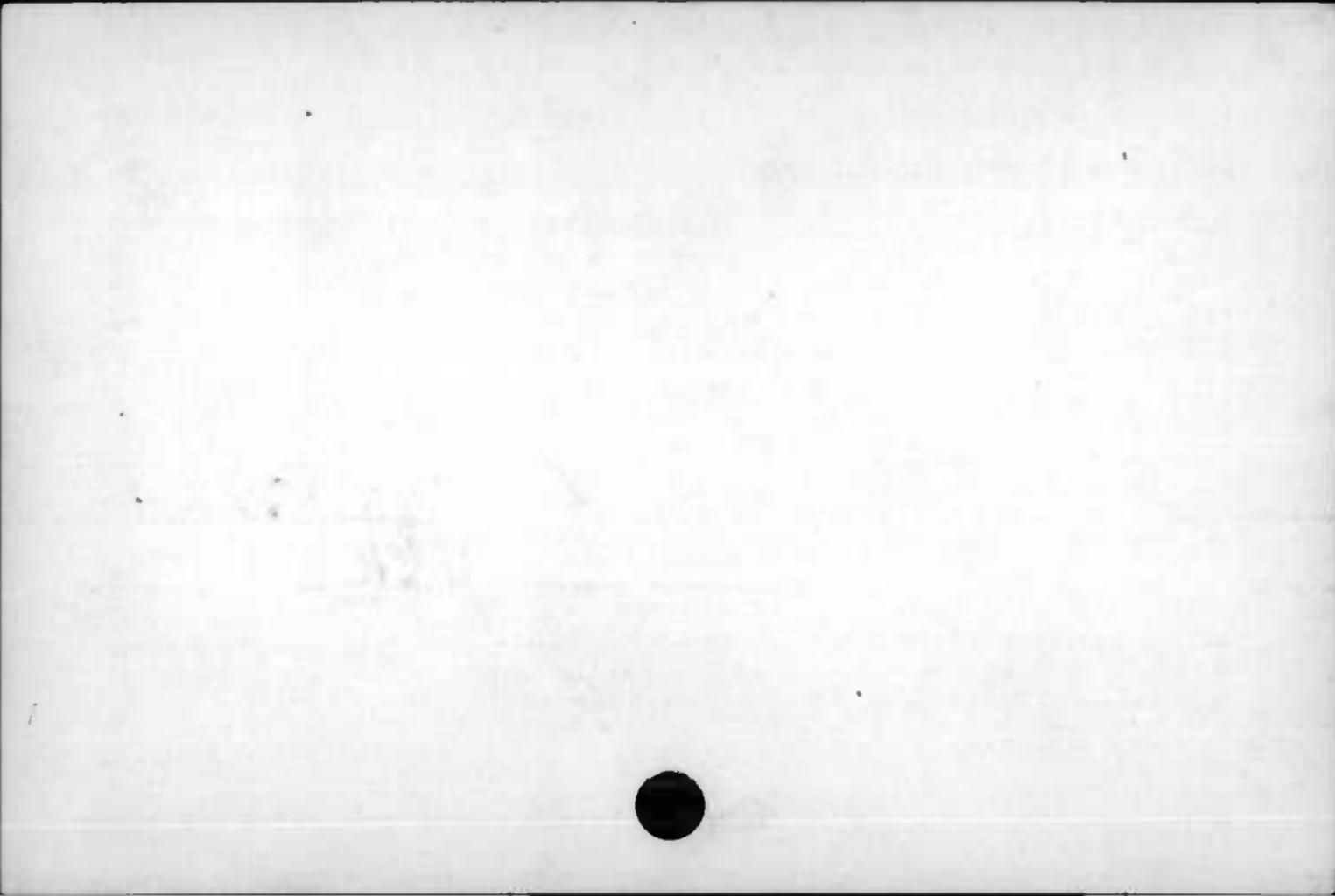
Address

J. Kennedy Wilson

Tilghman  
Md

Accident or Suicide?

no



Name  
in  
Full

William E Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Euston	Town	County	MARYLAND	
Date of death	1908	Month	Day	Years	Months Days
Sex	Male	Age	16	11	18
Occupation		Color or Race	Black	Birth-place	Euston
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name	Adel Johnson			Father's Birthplace	Trapp
Mother's Maiden Name	Mary D Johnson			Mother's Birthplace	Jalti bao
Name of person giving information	Adel Johnson			How related to deceased	Father
CAUSES OF DEATH				36	
Primary	Crushing			How long	1 mo
Immediate	Inhaler Suffocation			How long	11 mo

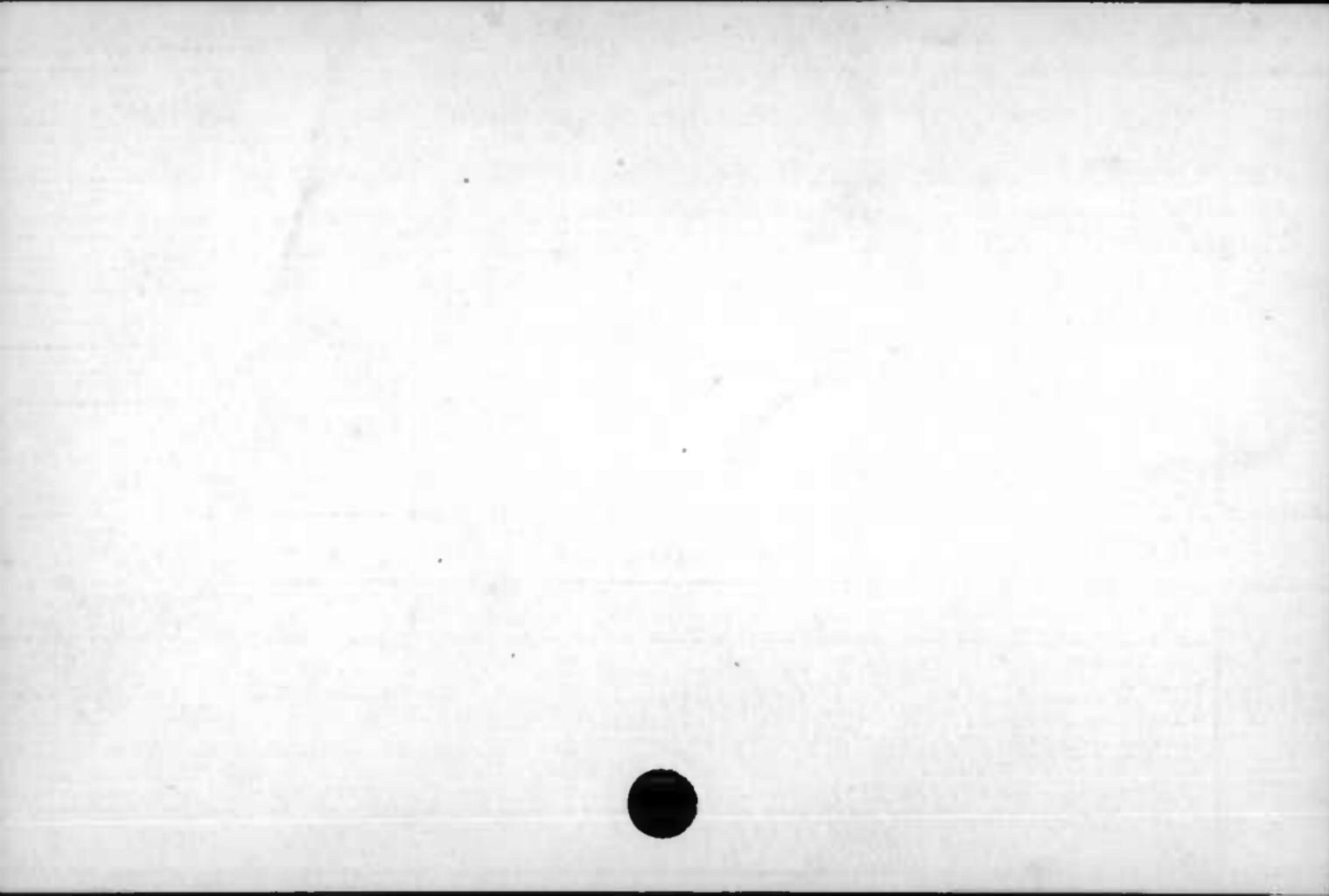
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Jan	Day 20	Years 84	Months	Days 2
Sex	Female	Color or Race	white		Birth-place	Baltimore Md
Occupation	None		Where Residing if not at place of death		—	
Married, Single or Widowed	Widowed		Name of Wife or Husband	James. R. Marley		
Father's Name	Robt. McPharney				Father's Birthplace	Ireland
Mother's Maiden Name	Elizabeth Lee				Mother's Birthplace	Ireland
Name of person giving Information	Mrs. E. A. Caulk				How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Nephritis

Immediate Heart Atherosclerosis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. B. Lasecock

St. Michaels Md

Accident or Suicide?

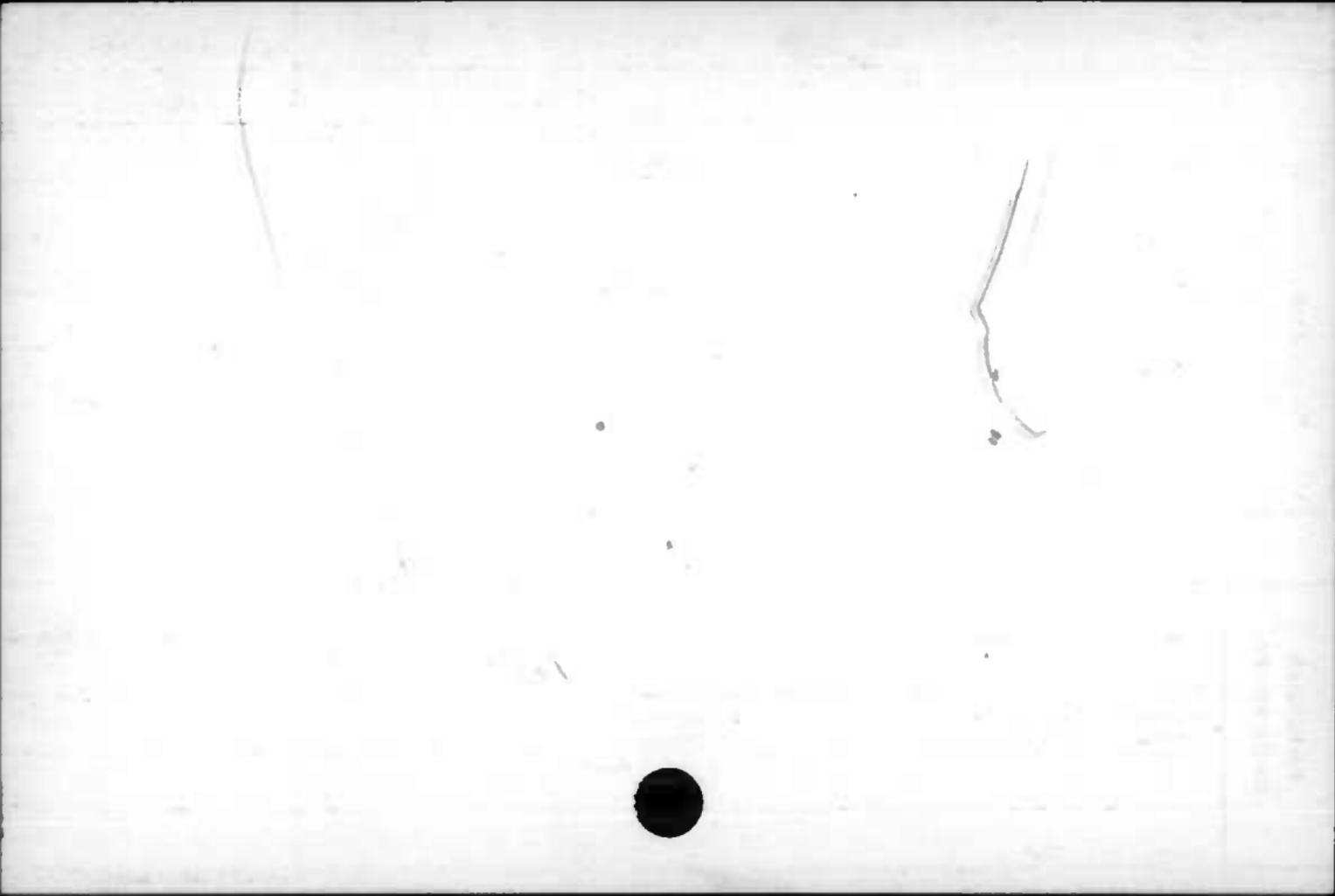
120

How long

one year

How long

one week



Name  
in  
Full

Ethel May Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1908	Month Jan	Day 30	Age 1	Years 2	Months 2	Days 1
Sex	Female		Color or Race	Black		Birth-place	Talbot Co
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	John Murray		Father's Birthplace	Talbot Co.			
Mother's Maiden Name	Eleanor Johnson		Mother's Birthplace	" "			
Name of person giving information	"		How related to deceased	Mother			

CAUSES OF DEATH

167

Primary	Burn by fire	How long	few minutes
Immediate	Shock	How long	six hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

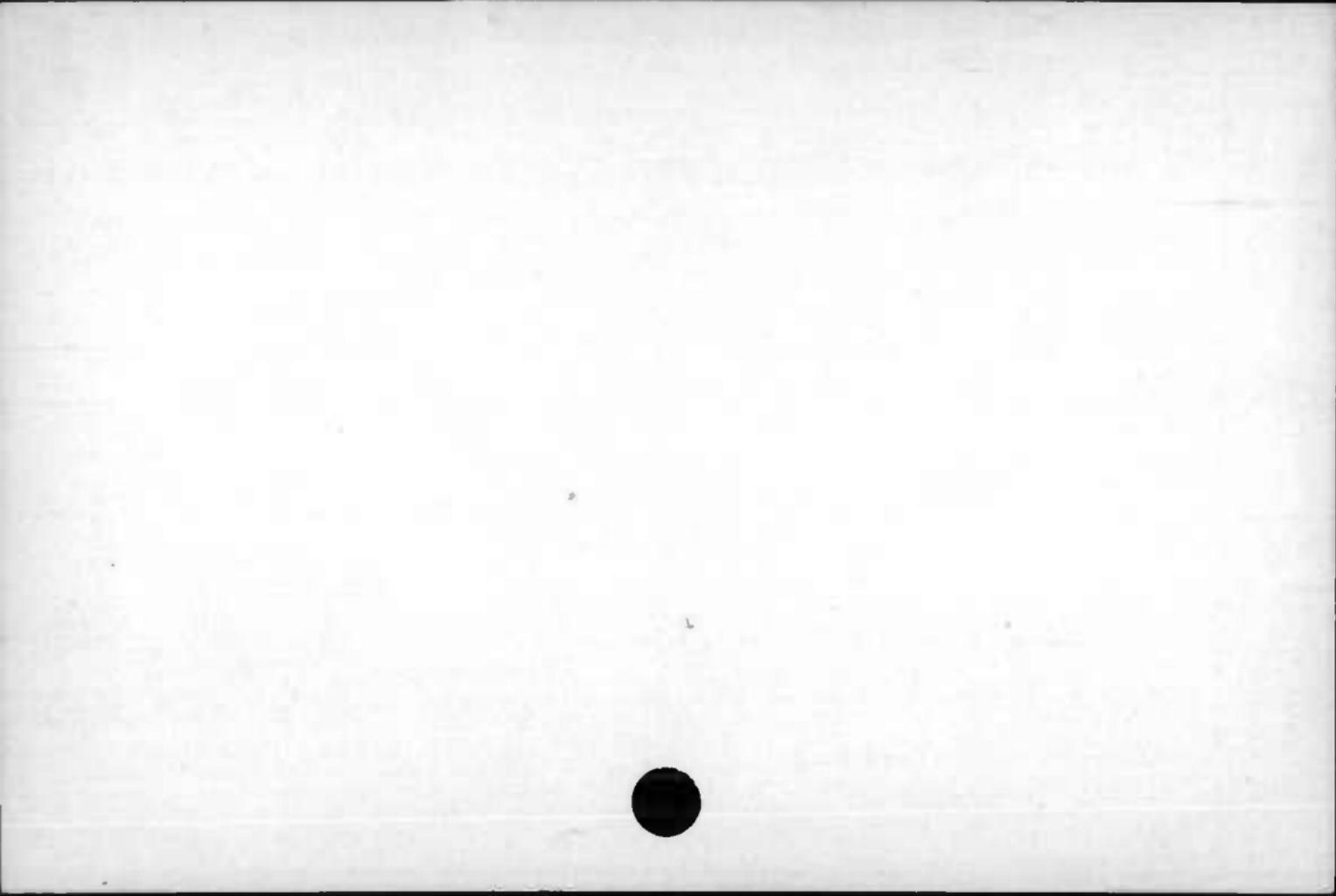
Address

Decidetal

S. Orrellson 200

Accident or Suicide?

Bpp



Name  
in  
Full

Rosaline Naber

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death		Cordova	
Married, Single or Widowed	Name of Wife or Husband	Julius Naber		
Father's Name	Johann Siegert			Father's Birthplace
Mother's Maiden Name	Julia Mohltd			Mother's Birthplace
Name of person giving information	Julius Naber			How related to deceased

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

Lee. Grippe.

How long

2 weeks

Immediate

Pneumonia

How long

5 or 6 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

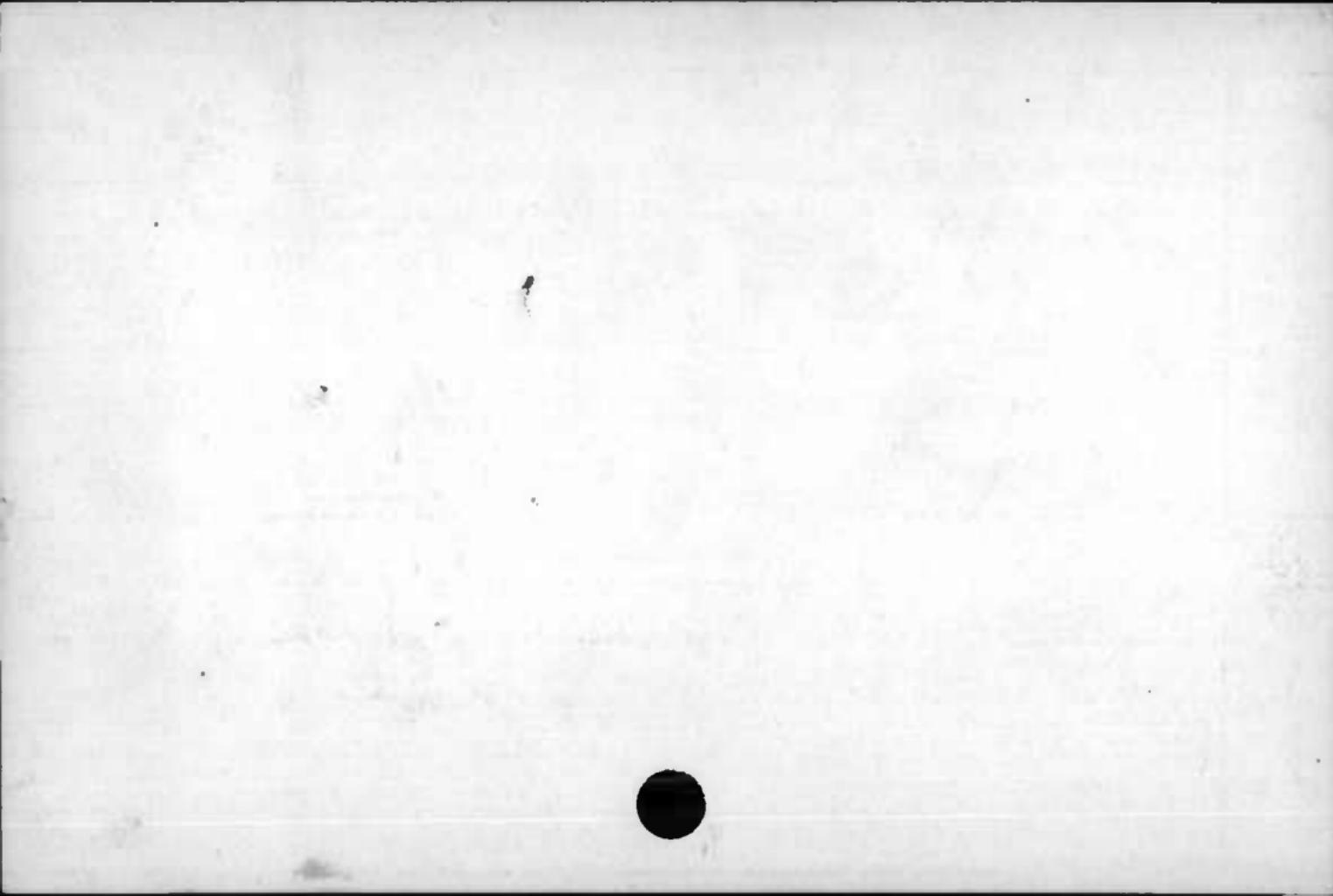
Address

G. M. Stille

Cordova

Md.

Accident or Suicide?

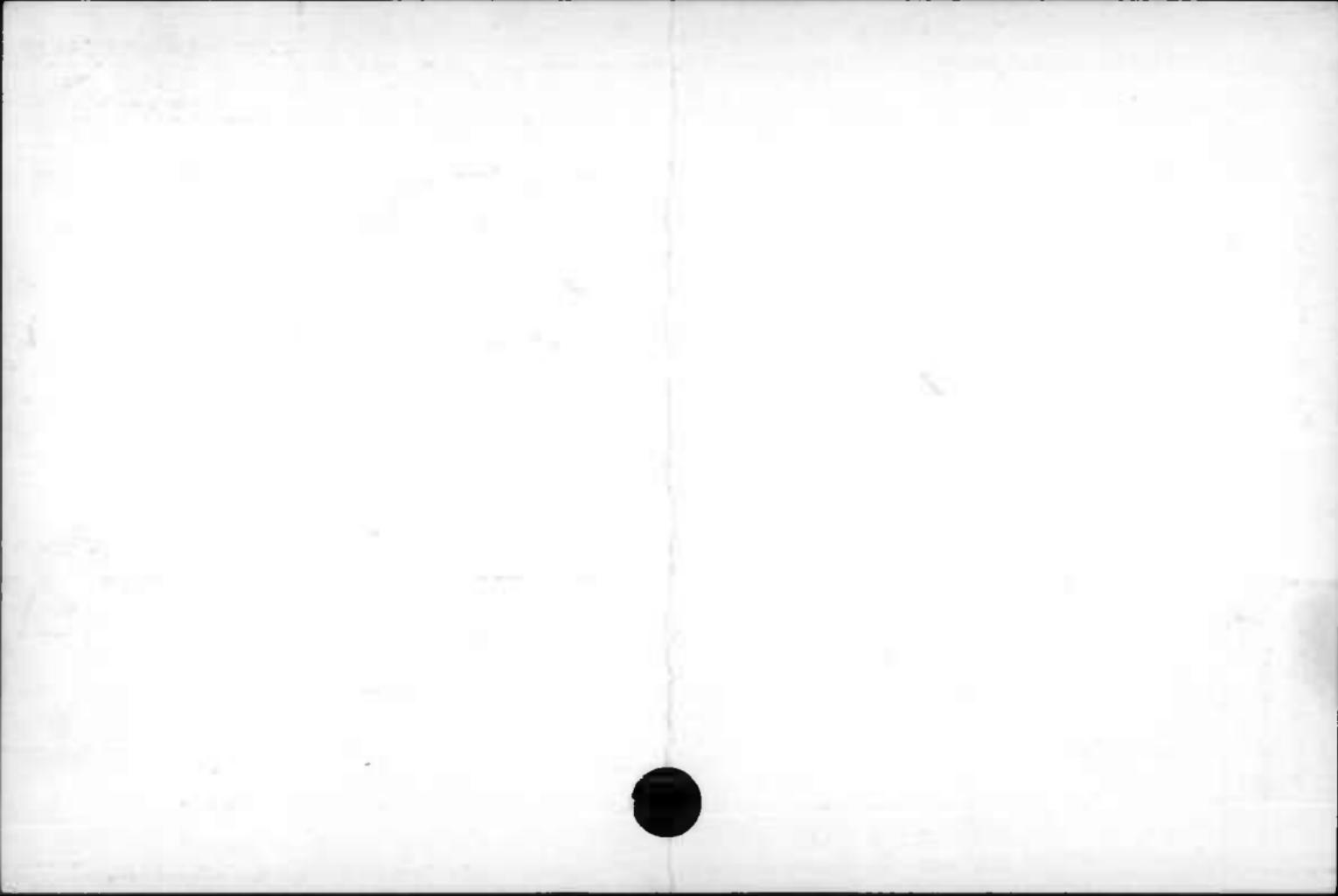


Name  
in  
Full

Read

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND	Died from <u>fallen tree</u> on <u>Jan 10</u> Town <u>1908</u> Died at <u>Royal Oak</u>				County <u>Belvoir co</u>		MARYLAND		
	Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>10</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Royal Oak Md</u>							
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>								
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>								
Father's Name <u>Edwarr Read</u>	Father's Birthplace <u>Baltimore</u>								
Mother's Maiden Name <u>Merrin Thompson</u>	Mother's Birthplace <u>Belvoir co</u>								
Name of person giving information <u>Edwarr Read</u>	How related to deceased <u>Husband</u>								
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <u>Fallen tree</u>			How long <u>—</u>					
	Immediate <u>—</u>			How long <u>—</u>					
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		<u>Sam'l L. Tripper</u>				
			Address		<u>Royal Oak Md</u>				
Accident or Suicide?									



Name  
in  
Full

Mrs Mary A. Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
McDaniel		Talbot				
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Age	75	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife Husband	McDaniel			
Father's Name	not known					Father's Birthplace
Mother's Maiden Name	not known					Mother's Birthplace
Name of person giving information	Thos J. Trott					How related to deceased

CAUSES OF DEATH

93

How long

2 days

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

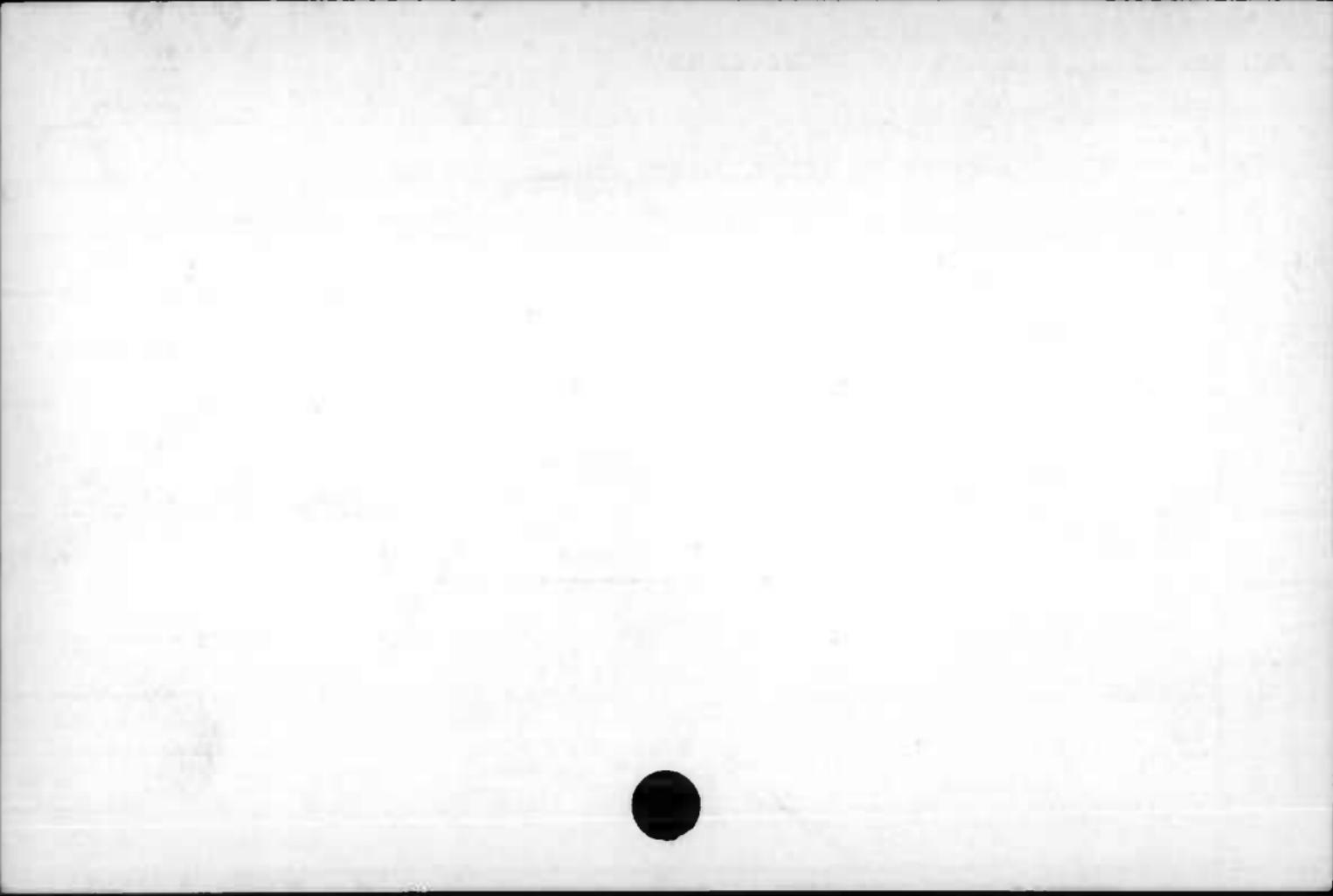
Dr. J. B. Sils

Sp. Michael

yes

Accident or Suicide?

no



Name  
in  
Full

Sadie M. Shannahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Norman M. Shannahan			
Father's Name	John Thompson				
Mother's Maiden Name	Ida Mullinax				
Name of person giving information	A. A. Thompson				

CAUSES OF DEATH

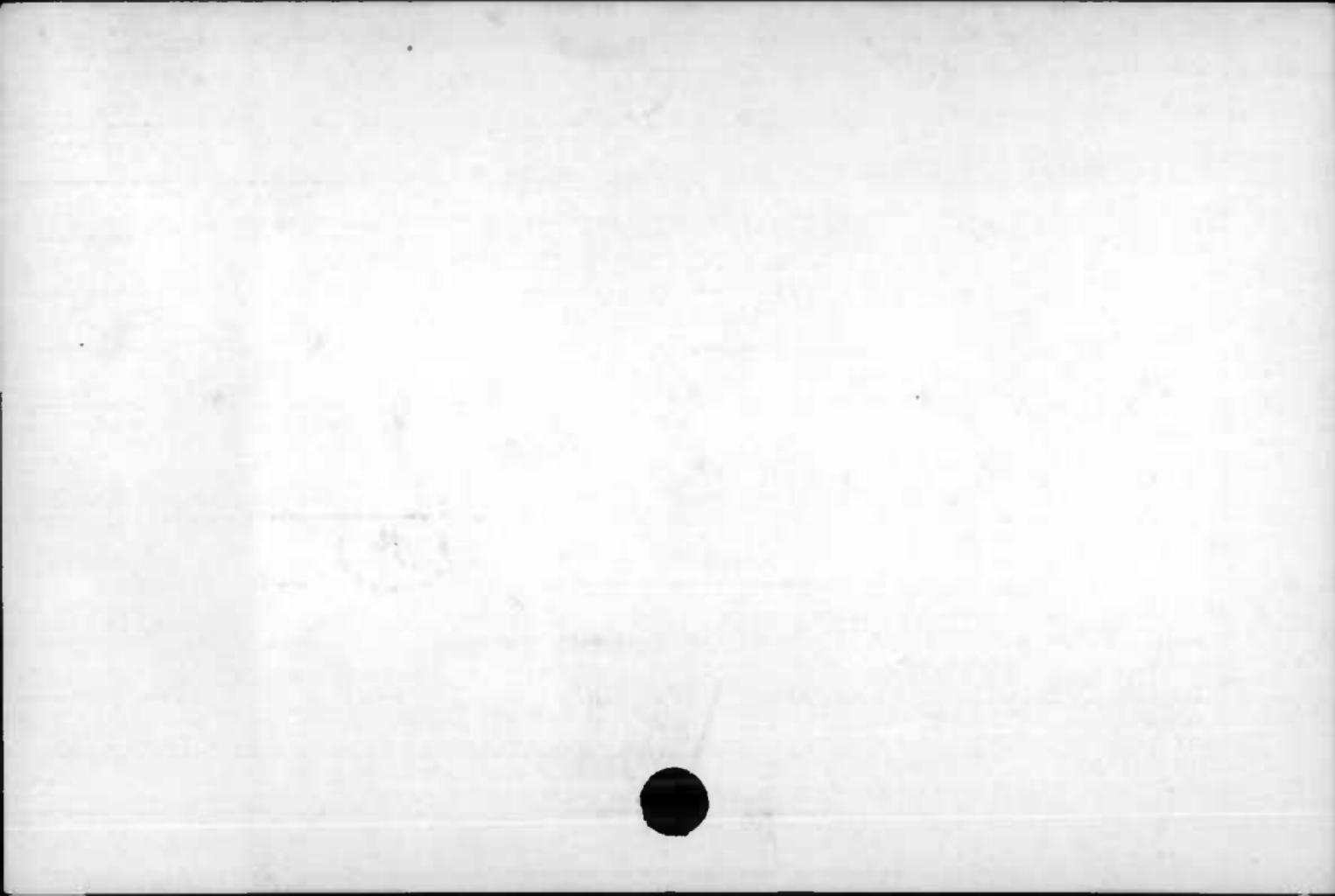
114

Primary Cause: Liver  
How long: Nektraway  
Immediate Cause: General Lymphadenitis  
How long: 8 weeks.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician: J. G. Groves  
Address: Easton, Md.

Accident or Suicide?



Name  
in  
Full

Ora Estelle Sinclair

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Jan	Day 19	Years 6	Months 9	Days 8	
Sex	Female	Color or Race	White		Birth- place	Dilgeman	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Talbot Co	
Father's Name	Dalsy B. Sinclair				Mother's Birthplace	Talbot Co	
Mother's Maiden Name	Laura Horwitz				How related to deceased	Father	
Name of person giving Information	Dalsy B. Sinclair						

CAUSES OF DEATH

9

Primary

Diphtheria

How long

6 days

Immediate

Heart Paralysis

How long

Suddenly -

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. Kennedy Nelson

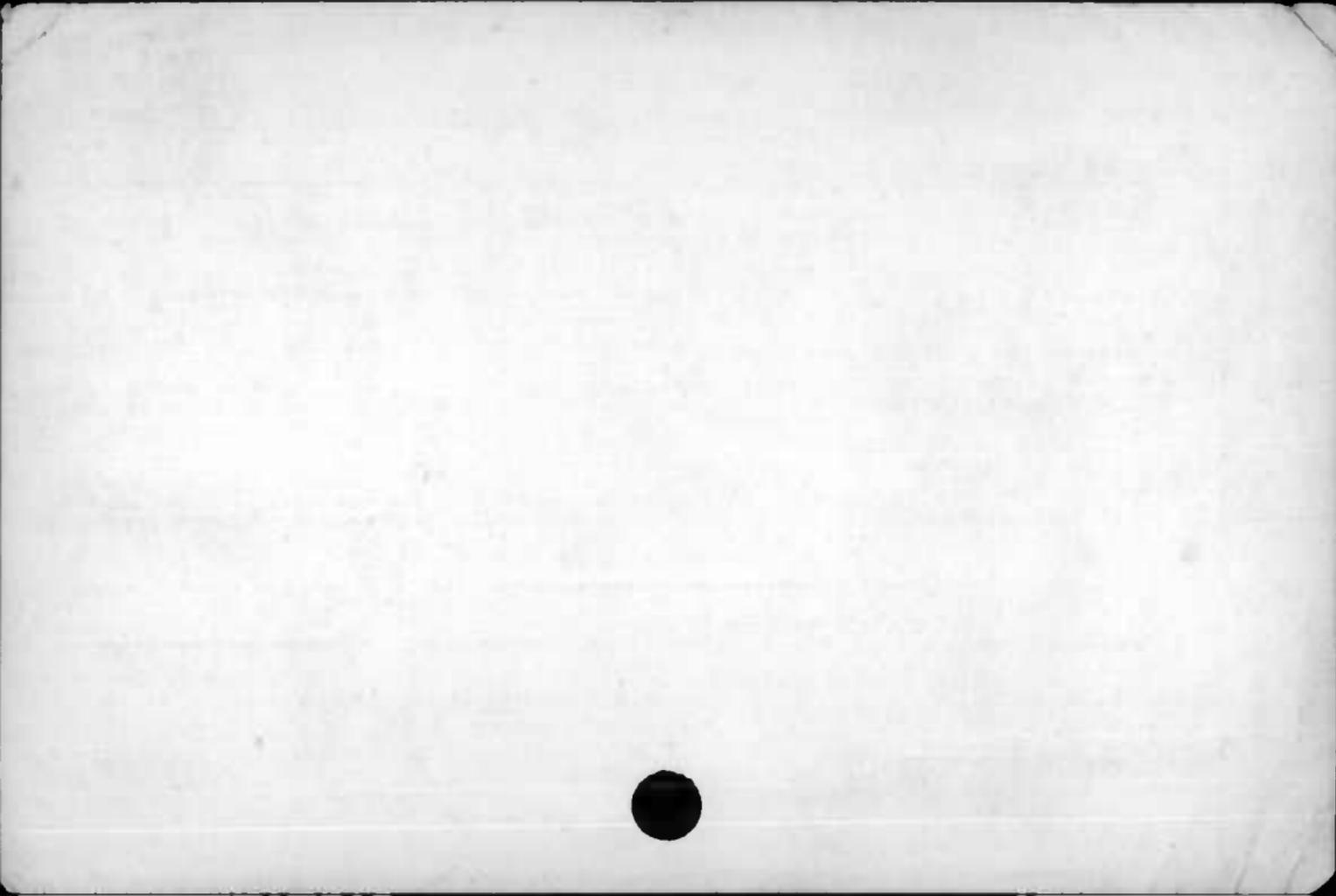
Dilgeman

MD

PHYSICIAN  
OR CORONER

Accident or Suicide?

no

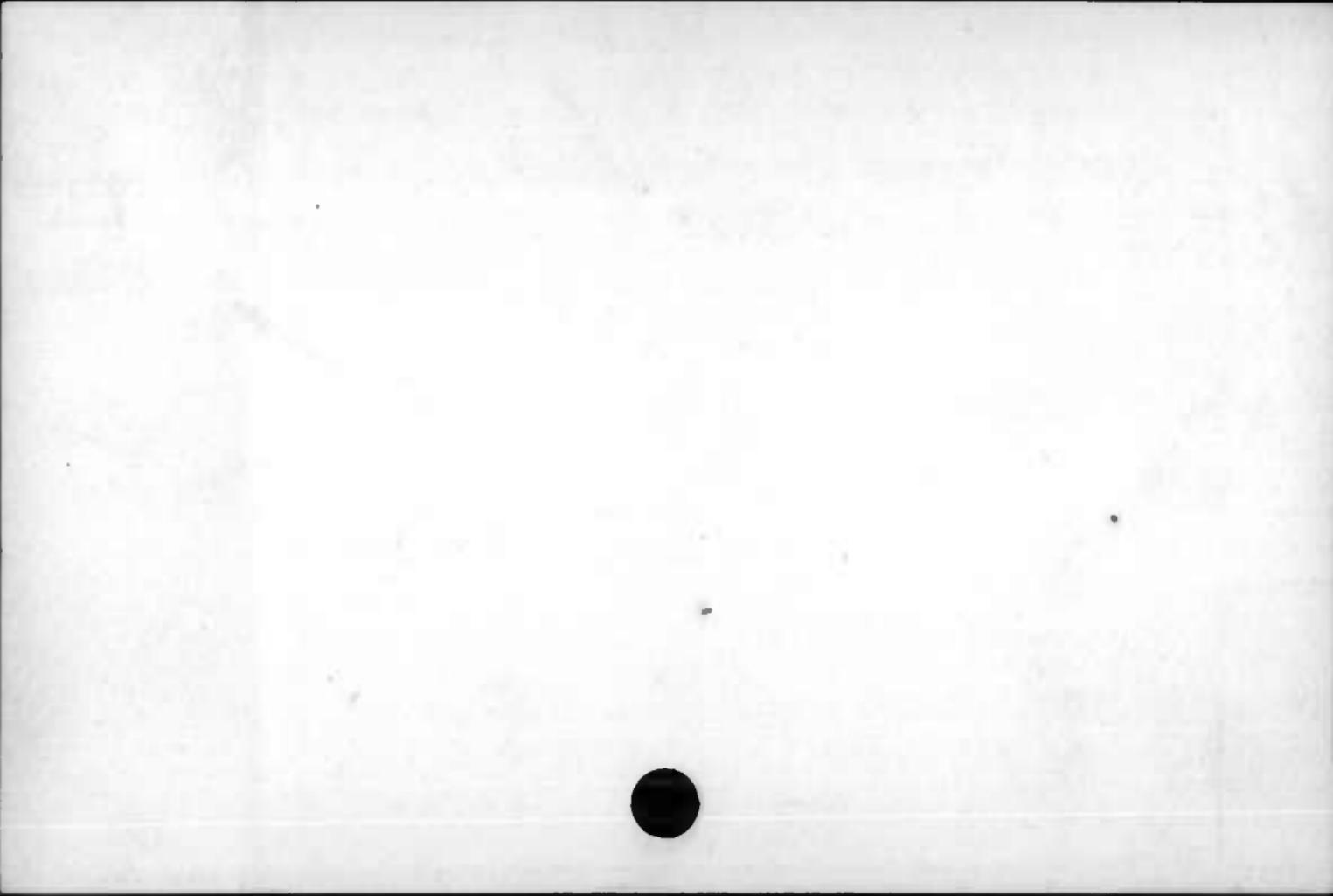


No Name - Sullivan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1908	Month Jan.	Day 25	Age 0	Years 0	Months 0	Days 8
Sex	male	Color or Race	white		Birth-place	offord -	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Ira. S. Sullivan			Father's Birthplace	offord Ma		
Mother's Maiden Name	Mildred S. Hubbard			Mother's Birthplace	.. ..		
Name of person giving information	Ira. S. Sullivan			How related to deceased	Father		
CAUSES OF DEATH							
Primary	Inanition			How long	151		
Immediate	Convulsions			How long	8 days.		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Short time		
Yes.				Address	F. M. Eccles M.D.		
Accident or Suicide?				offord Ind.			



Name  
in  
Full

Martha Jane Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

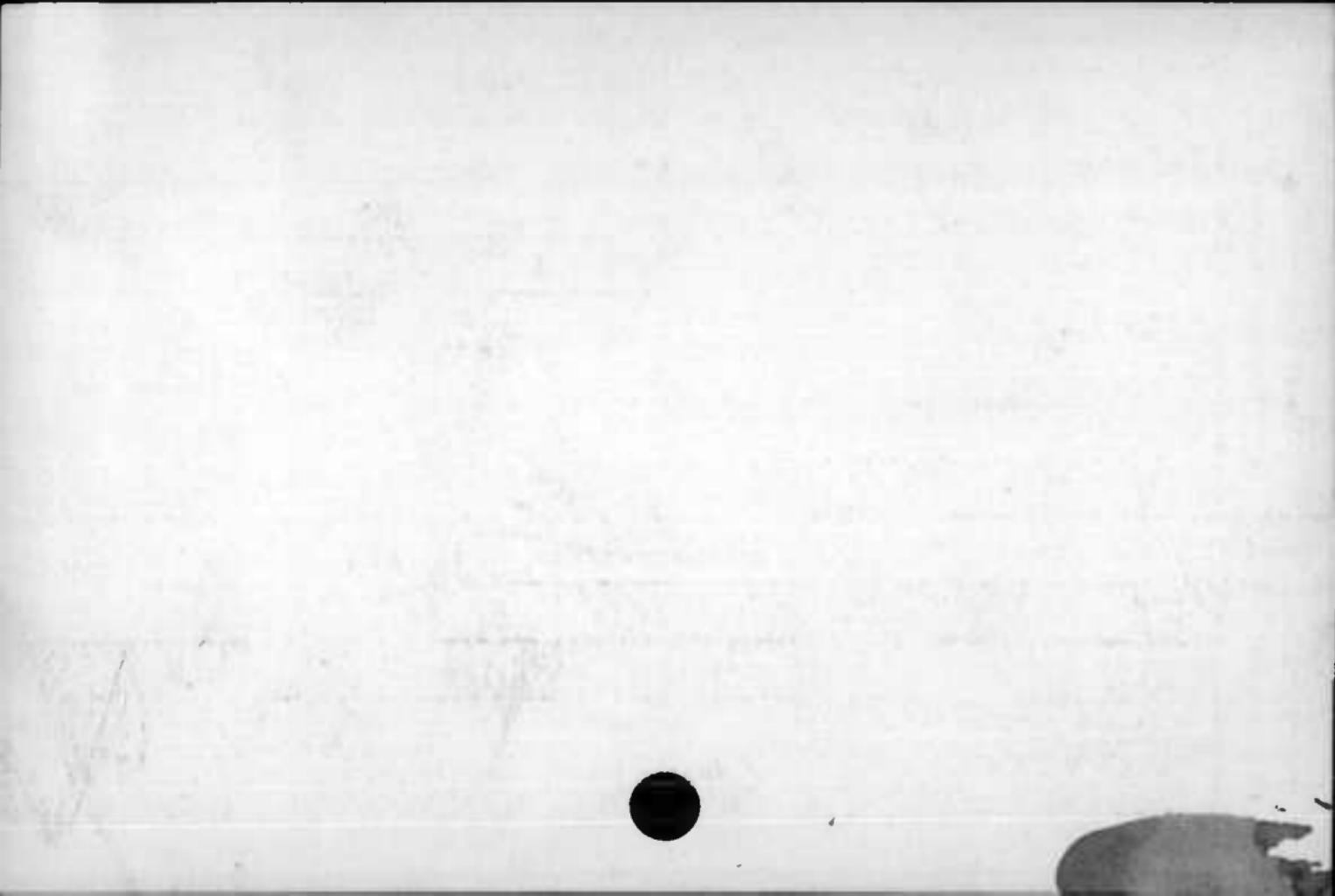
PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
		January 2, Thursday		15	6 month	
Sex	Female	Color or Race	Birth-place			
Occupation	House Girl	Where Residing if not at place of death			Near Easton	
Married, Single or Widowed	Single	Name of Wife or Husband	Near Easton, Md.			
Father's Name	James R Thomas			Father's Birthplace	Easton	
Mother's Maiden Name	Edith Gibbs			Mother's Birthplace	near Easton	
Name of person giving Information	Father			How related to deceased	Father	

CAUSES OF DEATH

27

Primary	Tuberculosis	
Immediate	General Acute	
Are the name, age, sex, color, date and place correctly given above?	yes.	
Signature of Physician		P. L. Graves.
Address		
Easton, Md.		
Accident or Suicide?		



Name  
in  
Full

Eliza Trott.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colored	Birth-place	Talbot Co	
Occupation	Where Residing if not at place of death			Talbot Co	
Married, Single or Widowed	Name of Wife or Husband	Robert - Trott.			Father's Birthplace
Father's Name	Joyelle Griffin	Talbot Co			Mother's Birthplace
Mother's Maiden Name	Susany. Griffin	Talbot Co			How related to deceased
Name of person giving information	Samuel. Trott.	Son			

CAUSES OF DEATH

⑩

PHYSICIAN  
OR CORONER

Primary

Griffie

sub

Immediate

Pneumonia

How long

2 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

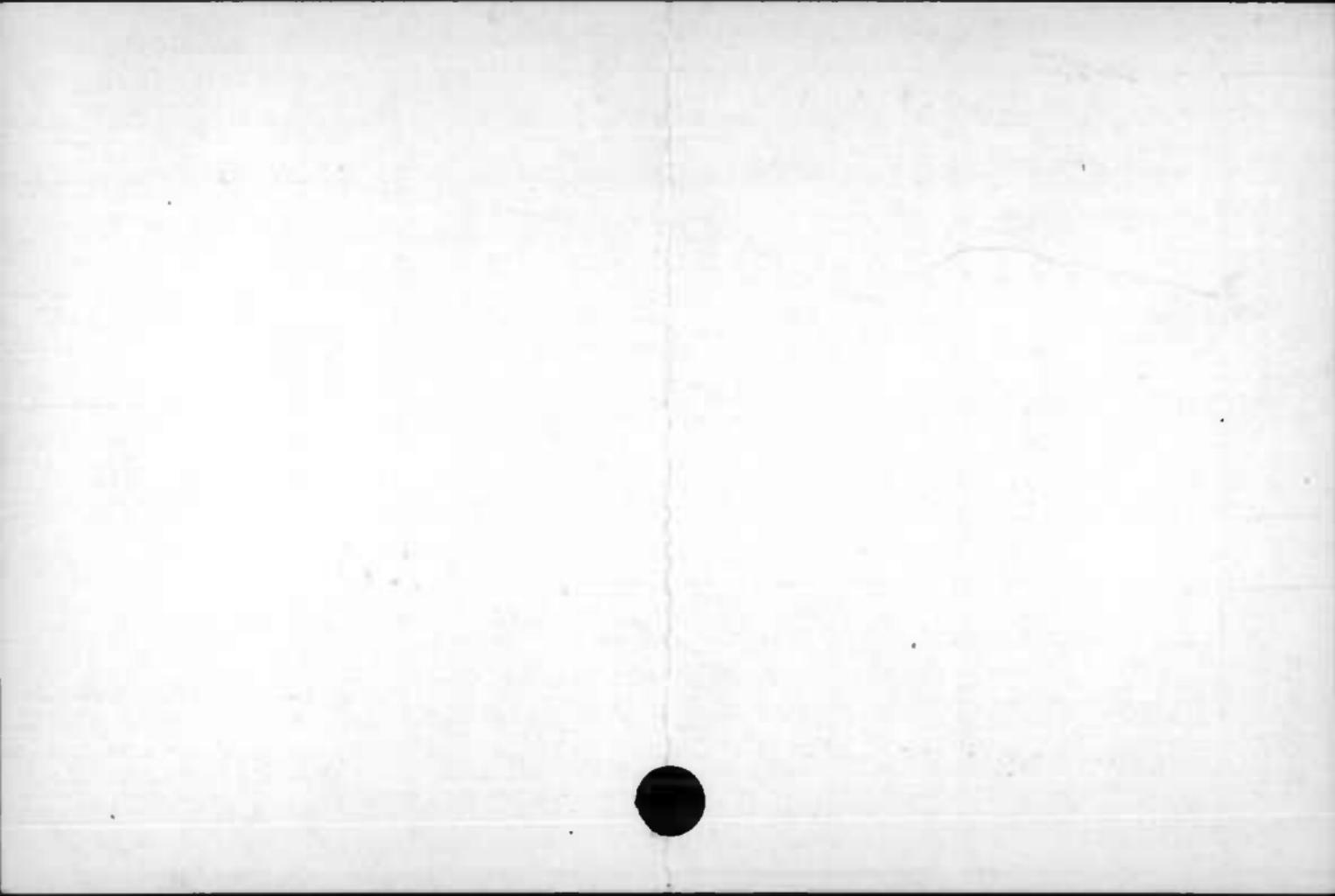
Dr. J. B. Sels

St Michael

Dr.

Accident or Suicide?

No



Name  
In  
Full

Sarah E. Vane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cordova</u>		Town	County <u>Salisbury</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>19</u>	Age <u>74</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Delaware</u>		
Occupation <u>midwife</u>			Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed	Name of Wife or Husband <u>X</u>					
Father's Name	<u>X not known</u>			Father's Birthplace	<u>not known</u>	
Mother's Maiden Name	<u>X not known</u>			Mother's Birthplace	<u>not known</u>	
Name of person giving Information	<u>Ellyes Vashell</u>			How related to deceased	<u>Nephew</u>	

CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary

Indigestion, La Grippe,

How long one day

Immediate

Congestion of the Lungs

How long one day

Are the name, age, sex, color, date and place correctly given above?

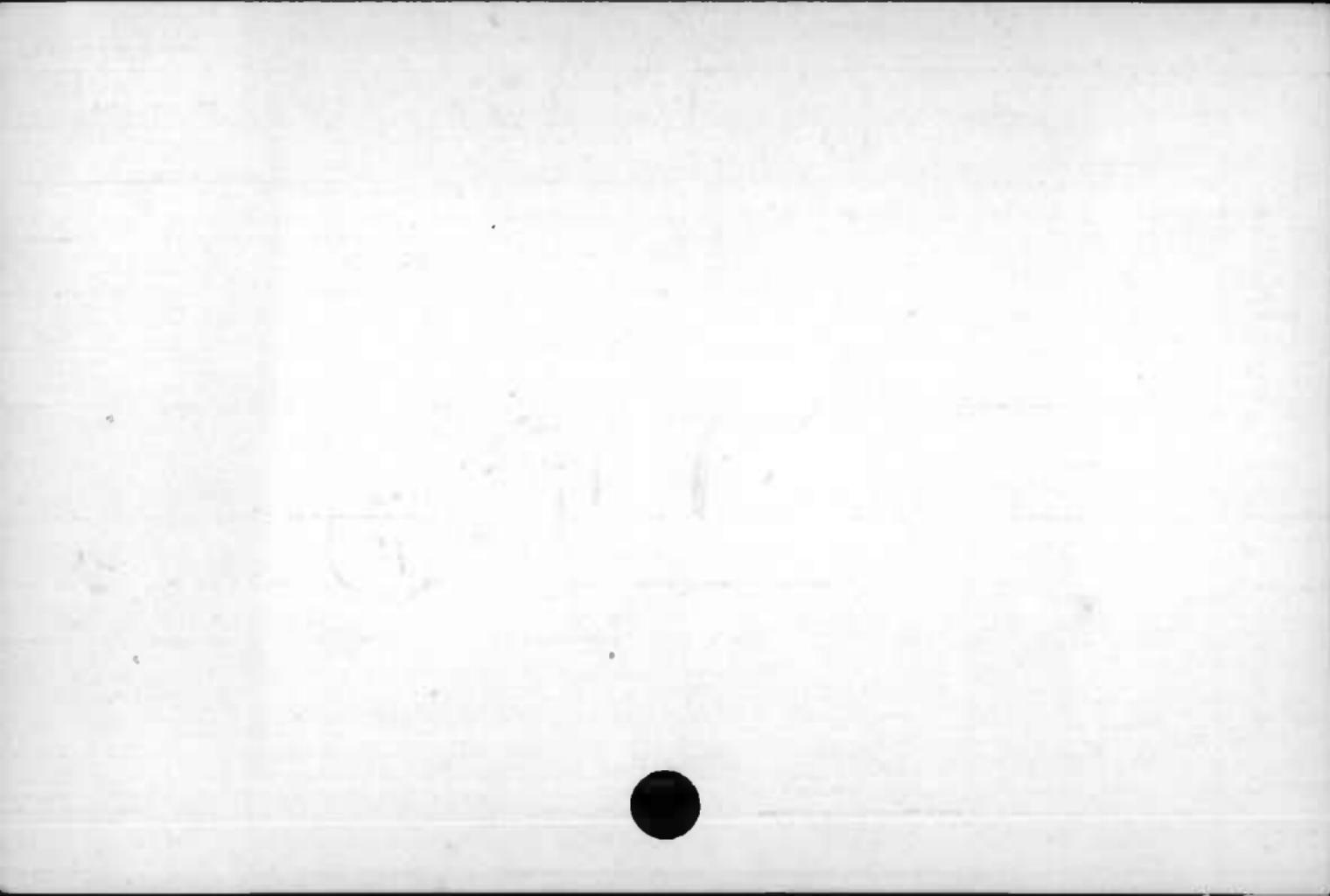
Signature of Physician

They are

Address

Chas. H. Rose  
Cordova Md.

Accident or Suicide?



Name  
in  
Full

George W. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1908	Month Jan	Day 5	Age 34	Years	Months	Days
Sex Male	Color or Race white		Birth-place Caroline Co			
Occupation Attorney at Law	Where Residing if not at place of death		Easton			
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Alfred J. Wilson			Father's Birthplace Delaware			
Mother's Maiden Name Adie Smith			Mother's Birthplace Delaware			
Name of person giving information William S. Wilson			How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary La Grippe	10	How long One week.
Immediate Mastoid abscess	5 days	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician P. J. Gruber	
	Address, Easton, Md.	
Accident or Suicide?		

10

